HEALTH and DISEASE

T.B.

1975 - 1978

HANSARD 4 Q. column 318

28 February 1975.

Health + Disease – T.B.

Tuberculosis

*20. Dr. A. L. BORAINE asked the Minister of Health:

(1) How many cases of tuberculosis among Whites, Asians, Coloureds and Bantu, respectively, were notified in 1974;

(2) how many deaths from tuberculosis took place in each race group in 1973.

†The MINISTER OF HEALTH:

(1)	Whites	753
	Asians	1 009
	Coloureds	7 494
	Bantu	49 530
(2)	Whites	37
	Asians	36
	Coloureds	709
	Bantu	2 087

91

DELEGATE ATTACKS DELAY IN TB TESTS

ARGUS 17/7/75

THE two weeks delay between the taking of X-rays and the confirmation of tuberculosis in Black workers represented a threat to other workers who came into contact with affected workers during this period, the Boland Agricultural union congress in Cape Town was told yesterday.

Mr J. de Villiers of the Western Cape Fresh Milk Producers' Union, said although the incidence of tuberculosis in the Transkei and homelands was declining, Black workers were X-rayed when they returned from the homelands.

But because of the staff shortage at the X-ray unit, it was two weeks before the disease was confirmed.

Mr de Villiers said those workers who were not seriously affected with tuberculosis were given tablets to take and it was the responsibility of the employer to ensure these were taken regularly.

However this was not always done and the tubercular germs could spread and endanger other Coloured and Black workers.

Mr de Villiers suggested workers suspected of having tuberculosis be kept away from work which involved the handling of food. This included work in hotels.

He suggested a solution might be to X-ray workers before they left the homelands. Congress agreed to ask the Department of Health to ensure that Black workers recruited for work on dairy farms were kept free from tuberculosis.

DAILY DISPATCH 25/6/75

Ciskei TB grant

PORT ELIZABETH — The Ciskei Government has authorised a grant of R110 000 to the South African National Tuberculosis Association (Santa) for TB control in the homelands.

The government has asked Santa to institute measures similar to those being carried out in the Transkei.

R60 000 of the grant will be given in the first year, and R50 000 in the second.

Mr Robert Harrison White, Santa's senior representative in the Transkei, will act in a similar capacity in the Ciskei.

Through his team of local TB organisers he has already formed a number of anti-TB organisations in the community which will serve as the nucleus for the anti-TB case finding and treatment surveys to be undertaken.

The success achieved by Santa and the Transkei Health Department had depended largely on the understanding and co-operation of the local community. — DDC.

(1) ~~105~~

(2) Health Dis - TB.

Health + Disease – T.B.

TB reaching 'state of epidemic'

STAR 26/8/75

By Correspondent

GRAHAMSTOWN — The South African National Tuberculosis Association believed that the time was now ripe to strike a crippling blow at the disease, Mr P H Anderson, national chairman of Santa, said in his annual report to the association.

"If all the agencies whose common purpose is the control of tuberculosis pool their resources now, control can be achieved within a decade," he said.

Mr Anderson said Santa was making good progress in virtually every sphere of its activities. In 1973 it put forward a control programme which needed public backing. The target was a minimum of R3-million over ten years, which was equivalent to only one percent of the State's intended expenditure of R300-million.

Two thirds of the target had been raised but there was no time to sit back and wait, he said. The urgency of the situation was such that Santa dared not delay in putting its plans into effect and it was already committed.

Last year 59 340 cases of tuberculosis were reported to the authorities. 754 were White, 7 351 Coloured, 1 013 Asian and 50 042 African. Deaths from TB in 1973 totalled 2 869. "We also have it on the authority of the State Health Department itself that tuberculosis in South Africa has reached epidemic proportions," said Mr Anderson.

Radical changes in policy and control measures had already been put into effect by State health and local authorities and Santa was only too ready to align its policies with theirs.

The State had struck the first blow by making immunisation of all new born infants compulsory, Mr Anderson said.

HEALTH + DISEASE - T.B.

60 000 new cases in 1974

SA gripped by TB epidemic

Cape Times 13/9/75

SOUTH AFRICA is in the grip of a tuberculosis epidemic which may not have reached its peak, with almost 60 000 new cases reported last year and 2 869 dead.

These figures appear in the annual report by the chairman of the South African National Tuberculosis Association, Mr P H Anderson released to the press yesterday.

The disease, which is costing the State R30m a year, has produced a "disquieting state of affairs," with admissions to all Santa centres up and the number of deaths on the increase, says Mr Anderson.

"The situation is urgent. During 1974, 59 340 cases were notified of which 754 were White, 7 531 Coloured, 1 013 Asian and 50 042 African. We have it from the State Department of Health that tuberculosis in South Africa has reached epidemic proportions and what is even more serious is that it cannot be determined whether this has reached its peak."

DISQUIETING

"This is a very disquieting state of affairs, particularly when one recalls the high optimism of the past and the many years so many people have spent working to bring the disease under control," Mr Anderson said.

He added that if all agencies whose common purpose was the control of tuberculosis pooled their resources now it would be possible to achieve control "within a decade".

The State had taken the lead by making the immunization of all babies compulsory within six months of birth and testing and vaccination programmes were being carried out to an increasing degree.

CHANGES

Radical changes in policy and control measures meant that there were shifts in emphasis from curative to preventitive work and from institutional to ambulatory treatment.

Santa was now in the second year of a 10-year campaign to collect R3m to help the country's overall TB programme. To date, only about two-thirds had been raised.

"The urgency of the situation is such that Santa dares not delay in putting its plans into effect, and it is already committed," Mr Anderson

TB vaccine not a cure-all—doctors

STAR 30/9/75 HEALTH + DISEASE - T.B.

Science Editor

Two Johannesburg paediatricians have warned that the use of BCG vaccine against tuberculosis should not lead to complacency — children can still get the infection.

In a study at Baragwanath Hospital they found that among 176 TB patients, 40 (23 percent) had developed the disease in a severe form after vaccination.

The BCG did, however, appear to diminish spread in the body, particularly tuberculosis meningitis, and reduced the number of deaths.

"The discovery of 40 patients vaccinated with BCG but having active tuberculosis was most disturbing," they write in the South African Medical Journal.

There may be several reasons for the failure of vaccination to protect as well as was expected from this group, they add.

Potency of the vaccine (a Japanese product, which is said to be among the best, is now used in Johannesburg) and meticulous vaccination are essential if protection is to be effective.

The results of inoculation may also be affected by diseases like measles and factors such as malnutrition.

The doctors warn that if there is clinical suspicion of tuberculosis in vaccinated patients, it would be presumptuous and even dangerous to withhold treatment until the diagnosis is proved.

Since BCG apparently fails to protect a number of children, case finding and screening of contacts of patients with tuberculosis should be intensified while BCG is used to give additional protection to the vulnerable.

TB on the decrease

STAR 26/11/75

Health Disease — T. B

Own Correspondent

NIGEL — Tuberculosis in the Nigel district decreased during the past year, according to the local chairman of Santa.

Mr Henry Plen, recently re-elected, said he attributed the decrease to the efforts of the local Department of Health and the interest shown by the Indian community and an African school.

At the annual general meeting, Mr W van den Worm was elected vice chairman and Mrs F Kemp secretary.

Hansard 2 col 59 1/2/77

91

Soweto: Immunization against tuberculosis

*20. Mr. G. H. WADDELL asked the Minister of Bantu Administration and Development:

Whether the West Rand Bantu Affairs Administration Board intends to re-establish the immunization programme against tuberculosis and other diseases for the residents of Soweto, formerly carried out by the Johannesburg City Council in the Bantu areas; if not, why not.

The DEPUTY MINISTER OF BANTU AFFAIRS:

This service is still being undertaken by the responsible local authority, namely the City Council of Johannesburg. Although, owing to the unrest situation, Bantu were to some extent temporarily reluctant to make use of the service, the immunization programme is now back to normal again.

Health + Disease — Tuberculosis

SPEECH BY DR THE HONOURABLE SCHALK VAN DER MERWE, MINISTER OF HEALTH, AT THE OFFICIAL OPENING OF THE EAST RAND SANTA HOSPITAL AND THE EAST RAND SANATORIUM AT MODDER BEE, BENONI : SATURDAY 13TH MARCH 1976 AT 11h00

EMBARGO : 12h00 SATURDAY 13TH MARCH 1976

THE HISTORY OF TUBERCULOSIS IS REALLY THE HISTORY OF MANKIND IN A WAY, BECAUSE THIS DISEASE HAS BEEN WITH US FOR THOUSANDS OF YEARS, AND HAS WAXED AND WANED SIMULTANEOUSLY WITH THE CHANGING FORTUNES OF MAN. IT IS A DISEASE WHICH THRIVES WHEN LIVING CONDITIONS ARE WRETCHED. WHEN MEN STREAMED TO THE CITIES DURING THE INDUSTRIAL REVOLUTION IN EUROPE, THE TUBERCLE BACILLUS WENT WITH THEM AND FOUND IN THE POVERTY AND OVERCROWDED LIVING CONDITIONS AN ENVIRONMENT WHICH ENABLED IT TO SPREAD LIKE WILDFIRE. SO MUCH WAS THIS THE CASE THAT CONSUMPTION, AS IT WAS THEN KNOWN, WAS FOR A LONG PERIOD ONE OF THE COMMONEST CAUSES OF DEATH, AND AFFECTED MANY FAMOUS AND GIFTED PEOPLE, AS WE ARE REMINDED BY THE SERIES OF ARTICLES PUBLISHED IN SANTA NEWS.

WE IN SOUTH AFRICA ARE IN THE THROES OF AN INDUSTRIAL EXPANSION WHICH GAINED IMPETUS AFTER THE SECOND WORLD WAR, AND WE ARE EXPERIENCING A DELAYED TUBERCULOSIS EPIDEMIC AT A TIME WHEN EUROPEAN COUNTRIES HAVE HAD THE DISEASE UNDER CONTROL FOR MANY YEARS. THERE ARE CERTAIN FEATURES ABOUT THE SITUATION IN THE REPUBLIC WHICH ARE CONTRARY TO THE EXPERIENCE IN EUROPE. ACCORDING TO RECENT STUDIES CARRIED OUT BY THE TUBERCULOSIS RESEARCH UNIT OF THE MEDICAL RESEARCH COUNCIL, MOST OF THE INFECTION IN OUR BLACK POPULATION OCCURS IN RURAL AREAS, WHILE THE URBAN DWELLERS ARE LESS AFFECTED. THIS IS PROBABLY RELATED TO THE FACT THAT IN GENERAL THE URBAN BLACK MAN ENJOYS A HIGHER STANDARD OF LIVING THAN HIS COUNTRY COUSINS. THIS DOES NOT MEAN THAT THERE IS NO ROOM FOR IMPROVEMENT IN THE TOWNSHIPS THAT HAVE GROWN WITH OUR CITIES; BUT IT IS ONLY IN THE WORST SLUMS AND SHANTY TOWNS THAT LIFE HAS APPROACHED THE WRETCHEDNESS OF THAT IN THE INDUSTRIAL CITIES OF ENGLAND AT THE BEGINNING OF THE NINETEENTH CENTURY.

OUR COUNTRY IS UNIQUE IN ANOTHER WAY, AS FAR AS TUBERCULOSIS IS CONCERNED, FOR WITHIN ITS BORDERS ARE AREAS AND POPULATION GROUPS WHICH RANGE FROM A LOW RISK OF INFECTION COMPARABLE TO THE BEST IN THE WORLD RIGHT THROUGH TO THE HIGH RISK OF

DEVELOPING / .....

DEVELOPING COUNTRIES. THIS MAKES THE SITUATION INTERESTING FROM THE POINT OF VIEW OF THOSE ENGAGED IN RESEARCH, BUT IT ALSO CREATES PROBLEMS FOR MY DEPARTMENT IN THE PREVENTION AND MANAGEMENT OF THE DISEASE.

ONS WAS BAIE GELUKKIG OM OOR AL DIE JARE HEEN SO 'N BETROUBARE BONDGENOOT SOOS SANTA TE Hê EN VERAL OOK VAN GROOT BELANG, WAS DIE ONDERSTEUNING VAN DIE ALGEMENE PUBLIEK AAN HIERDIE ORGANISASIE. ONS HET OOK REDE OM DANKBAAR TE WEES TEENOOR PRIVATE ONDERNEMINGS WAT BEHULPSAAM WAS EN AKKOM= MODASIE VOORSIEN HET VIR TUBERKULOSE PASIëNTE OP 'N TYDSTIP TOE DIT UITERS NODIG WAS. HIERDIE PRIVATE INRIGTINGS WAS ALTYD OP 'N BAIE BEKWAME EN EKONOMIESE BASIS BESTUUR. DIE MAATSKAPPY HET IN DIE AFGELOPE TYD OP DIESELFDE WYSE SAAMGEWERK TEN OPSIGTE VAN PSIGIATRIESE BEDDENS EN HET INDER= DAAD OP BAIE KORT KENNISGEWING VAN TUBERKULOSE NA PSIGIATRIESE PASIëNTE OORGESKAKEL SONDER ENIGE MOEITE OF OPHEF TOE DIE DEPARTEMENT DIT VERLANG HET.

MET DIE "LAPWERK" GEAARDHEID VAN TUBERKULOSE BEHANDELING IN SUID-AFRIKA, MOES MY DEPARTEMENT NATUURLIK 'N SEKERE MATE VAN BUIGBAARHEID HANDHAAF OM DIE VERANDERDE OMSTANDIGHEDE DIE HOOF TE BIED. DAAR WAS OOK WISSELENDE IDEES OMTRENT DIE BEHEER VAN DIE SIEKTE WAT IN AANMERKING GENEEM MOES WORD. VIR ONGEVEER 25 JAAR HET ONS GEKONSENTREER DAAROP OM DIE AANSTEEKLIKE SIEKTE GEVALLE AF TE SONDER VIR BEHANDELING IN DIE GELOOF DAT DIT DIE KETTING VAN INFEKSIE SOU VERBREEK EN TE HELP MET DIE UITSKAKELING VAN DIE SIEKTE. DIT IS NIE NODIG OM U DAARAAN TE HERINNER, DAT SANTA TOT DIE REDDING GEKOM HET EN 1/3 VAN DIE TOTALE GETAL BEDDENS WAT UITEINDELIK BESKIKBAAR WAS, VOORSIEN HET EN DAT PRIVATE ONDERNEMINGS 'N SOORTGELYKE GETAL VERSKAF HET. DIT IS OOK ALGEMEEN BEKEND DAT HIERDIE SENTRUM EEN VAN DIE EERSTES WAS WAT SOVER TERUG SOOS 1955 IN DIE LEWE GEROEP IS EN MET 'N TROTSE REKORD WAT OOR DIE JARE HEEN GE= HANDHAAF IS. GEDURENDE HIERDIE TYDPERK IS MEER AS 20 000 PASIëNTE HIER BEHANDEL.

NUWE INSIG AANGAANDE TUBERKULOSE HET ONS IN DIE AFGELOPE DEKADE GELEER OM MEER KLEM TE Lê OP VOORKOMING EN VOLSKAALSE IMMUNISERING MET B.C.G. VAKSIENE. ONS HET OOK GELEER DAT MET DIE OMVANG VAN EFFEKTIEWE MEDISYNE WAT VANDAG BESKIKBAAR IS, AFSONDERING EN HOSPITAALBEHANDELING ONNODIG IS VIR DAARDIE PASIëNTE WAT NIE AAN DIE MEER ERNSTIGE VORMS VAN DIE SIEKTE LY NIE OF KOMPLIKASIES TOON WAT GESPESIALISEERDE BEHANDELING VERG.

ONGELUKKIG / .....

ONGELUKKIG IS DAAR NOG BAIE PLEKKE WAAR DIENSTE ONTBREEK VIR DIE SUKSESVOLLE BEHANDELING VAN NIE-BEDLÊENDE PASIËNTE. DIT BRING MEE DAT GROOT GETALLE PASIËNTE WAT TUIS OF BY VOORKEUR BY HUL WERKSPLEK BEHANDEL BEHOORT TE WORD, TOT 'N HOSPITAAL TOEGE=LAAT MOET WORD. EK IS SEKER DAT ALMAL NOU BEWUS IS DAT DIT AMPTELIKE BELEID IS OM PASIËNTE, IN HUL EIE BESWIL, UIT 'N HOSPITAAL TE HOU, WAAR MOONTLIK, EN EK WIL 'N VRIENDELIKE WAARSKUWING RIG DAT DAARDIE BEAMPTES VAN MY DEPARTEMENT WAT VIR TUBERKULOSE BEHEER VERANTWOORDELIK IS, ONGEDULDIG RAAK MET PLAASLIKE OWERHEDE WAT VERSUIM OM HULLE VERPLIGTINGS IN HIERDIE VERBAND NA TE KOM.

DIT IS ONGELUKKIG OOK NODIG OM TE NOEM DAT DAAR NOG BAIE WERKGEWERS IS WAT NIE SAAMWERK OM DIE DIENSTE VAN HUL WERKNEMERS WAT BEHANDELING VIR TUBERKULOSE BENODIG TE BEHOU, TEN SPYTE VAN DIE FEIT DAT DIT ABSOLUUT VEILIG IS EN IN DIE BELANG VAN DIE PASIËNTE IS OM DIT SO TE DOEN.

NIETEENSTAANDE VAN WAT NOU NET GEMELD IS, IS DIT HEELTEMAL DUIDELIK UIT DIE AANTAL AANGIFTES WAT ELKE JAAR ONTVANG WORD EN DIE GEVORDERDE STADIUMS VAN DIE SIEKTE WAT NOG ONTDEK WORD, DAT DIE BEHOEFTE VIR HOSPITALISASIE VIR BAIE JARE SAL VOORT DUUR. DIT IS OM HIERDIE REDE DAT MY DEPARTEMENT IN SAME=WERKING MET SANTA EN DIE PRIVAATMAATSKAPPY OOREEN=GEKOM HET OM DIE EERTYDSE OOSRANDSE BORSHOSPITAAL TE OMSKEP IN 'N SANATORIUM VIR PSIGIATRIESE PASIËNTE EN DIE KONSOLIDASIE VAN AKKOMMODASIE VIR TUBERKULOSE PASIËNTE IN HIERDIE SENTRUM WAT NOU OPGEGRADEER IS TOT DIE STATUS VAN 'N BORSHOSPITAAL WAT BEVOEG IS OM AKUTE SIEK PASIËNTE EN DAARDIE MET KOMPLIKASIES TE BEHANDEL.

THIS HAS NATURALLY COST A GOOD DEAL OF MONEY, FOR EXTENSIVE ALTERATIONS, ADDITIONS AND RENOVATION WERE NEEDED. THE AMOUNT INVOLVED EXCEEDED THE ESTIMATE OF R75 000 MOTIVATED TO MY DEPARTMENT, BUT EVEN SO, IT IS A MATTER FOR CONGRATULATION THAT SO MUCH HAS BEEN ACHIEVED IN TIMES SUCH AS THESE AT SO LITTLE COST, AND, I MIGHT ADD, IN A REMARKABLY SHORT SPACE OF TIME.

ALL OF THIS IS IN NO SMALL MEASURE DUE TO THE ENERGY AND ABILITY OF THE MANAGEMENT COMMITTEE UNDER THE ABLE CHAIRMANSHIP OF MR BILL DAVEY SINCE THE INCEPTION IN THOSE FAR-OFF DAYS.

MENTION / .....

MENTION MUST ALSO BE MADE OF MR WEINBERG, A TREASURER WHO HAS THE ABILITY TO GET THINGS DONE IN THE MOST ECONOMICAL WAY, LARGELY AS A RESULT OF HIS EXPERTISE AND BUSINESS CONTACTS FROM WHOM HE MANAGES TO WHEEDLE FINANCIAL AND MATERIAL SUPPORT TO SUPPLEMENT THE DEPARTMENTAL SUBSIDY, WHICH COVERS ONLY BARE ESSENTIALS. THERE ARE ALSO OTHERS WHO HAVE SERVED ON THE MANAGEMENT COMMITTEE FROM THE BEGINNING, AND WHO HAVE RENDERED INVALUABLE SERVICE.

AS A RESULT OF ALL THE CHANGES THAT HAVE TAKEN PLACE, WE NOW HAVE ANOTHER FULLY-FLEDGED HOSPITAL FOR THE TREATMENT OF TUBERCULOSIS AT THE VERY REASONABLE COST TO MY DEPARTMENT OF UNDER R3,00 PER PATIENT DAY, AND AN EQUALLY NECESSARY SANATORIUM FOR THE INCREASING NUMBERS OF MENTAL PATIENTS.

THE MODDER B SANTA CENTRE HAS COME OF AGE, AND IS NOW PLAYING A MORE IMPORTANT ROLE IN THE CAMPAIGN TO BRING TUBERCULOSIS UNDER CONTROL IN OUR LAND; AND THE FORMER EAST RAND CHEST HOSPITAL, HAVING FULFILLED ITS PURPOSE FOR TUBERCULOSIS, HAS NOW TAKEN ON A NEW LEASE OF LIFE AS THE EAST RAND SANATORIUM.

THERE IS EVERY REASON TO BE PROUD OF THESE ACHIEVEMENTS, AND IT GIVES ME GREAT PLEASURE TO DECLARE THESE INSTITUTIONS OFFICIALLY OPEN FOR THEIR NEW PURPOSES, AND AT THE SAME TIME TO EXPRESS THE GRATITUDE OF THE DEPARTMENT OF HEALTH FOR THE ASSISTANCE IT IS RECEIVING.

ISSUED BY THE DEPARTMENT OF INFORMATION AT REQUEST OF DR THE HONOURABLE S.W. VAN DER MERWE, MINISTER OF HEALTH.

Letters

Cape Times 1/3/77

91

Squatter TB cases

From Mr FRED L PENBERTHY, South African National Tuberculosis Association (WO 590) appeal organizor, Cape Peninsula:

IN a report on health conditions among the squatters in the Crossroads area, the Medical Officer of Health of the Divisional Council of the Cape states that 15 cases of pulmonary tuberculosis and one case of tuberculous meningitis have already come to light and have had to be hospitalized.

No one knows how many others those 16 may already have infected, living in conditions so conducive to the spread of disease. The Divisional Council can be relied upon to trace and treat all those in the vicinity who may have become infected. But what of their relatives in the places from which they came?

It is to help trace up the prime sources of infection in the less developed rural areas and the homelands that the South African National Tuberculosis Association has joined forces with the State Health Department and all statutory local authorities in South Africa in an all-out effort to stamp out the scourge of tuberculosis within the foreseeable future.

To finance its share of the national burden, Santa launched a nation-wide appeal in 1973 with an initial target of R3m. After nearly four years the association is still almost R500 000 short of that target — and rising costs are now necessitating the curtailment or deferment of some essential long-term projects.

Donations in aid of the national appeal sent to me at PO Box 85, Milnerton 7435, will be gratefully acknowledged.

Health & Dis- P.B. 89

No decrease in new TB cases

89 8/3/77

CAPE TOWN — Tuberculosis is still the "most ominous of the notifiable diseases" in South Africa and there has not been any indication of a sustained decrease in the number of new cases, according to the Department of Health.

Nor has any significant decrease in the incidence of typhoid been demonstrable from a detailed investigation throughout the Republic.

This has been disclosed in the annual report of the Department of Health which was released in Parliament yesterday.

A table in the report shows that the number of reported TB cases has risen from 51 874 in 1971 to 64 205 in 1975, while the number of typhoid cases was 3 790 in 1971 and 3 802 in 1975, although there was some decline in the years between.

The report said, however, that it was encouraging to note there appeared to have been a drop in the annual number of cases of tuberculosis meningitis reported.

The report said the incidence of typhoid was still high but that a remarkable decline had taken place.

The decrease in typhoid "is due to improved water supply and sanitation, especially in the rural areas. As the infrastructure is improved a further decrease in incidence can be expected."

During 1976 there were no epidemics of either typhoid or virus hepatitis.

The detailed investigation of typhoid, conducted by the South African Institute for Medical Research, showed that this disease was more common among children and young adults.

The investigation showed that the areas most severely affected by typhoid were Northern Transvaal and Natal. — PC.

89

24/

Populations
Vital Statistics

Increase in lung cancer deaths

8/3/77

CAPE TOWN — More than three times as many whites as Coloureds died of lung cancer in a four-year period from 1972 to 1975.

This was disclosed yesterday by the Minister of Statistics, Dr Van der Merwe.

Figures also showed that there had been a steady increase in lung cancer deaths among whites, Coloureds and Indians. No figures were available for blacks.

In 1975, 1 071 whites died as a result of lung cancer compared with 345 Coloureds and 33 Indians.

The minister also said that the natural increase rate per thousand of population for Indians was double that of whites in 1975, and the natural increase of Coloureds was 1,6 times that of whites.

In all three groups, however, the natural increase had steadily dropped over the five-year period 1971 to 1975. The natural increase rate per thousand of whites in 1975 was 10,6 for Coloureds 16,9 and Indians 21,3. No figures were available for blacks.

Dr Van der Merwe said that in 1974 5 590 Asiatics, 3 972 Coloureds, 7 358 blacks and 52 516 whites wrote the school-leaving examinations. The per capita expenditure in the same year for Asiatics was R193, Coloureds R157, blacks R35 and Whites R562.

The minister disclosed that there was an average road accident rate in each month last year of more than 21 000. The monthly death rate averaged more than 600. — PC.

(91)

DAILY DISP 19/4/77

Pupils in TB campaign

EAST LONDON — The Mayor of Beacon Bay, Mr Jack Marston, has urged parents of Beaconhurst Primary School pupils to support a proposed tuberculosis inoculation campaign at the school.

The campaign has been proposed by Beacon Bay clinic sister E. M. Matthis.

In her report to a town council meeting yesterday, Sister Matthis said she had approached school authorities about the campaign which would involve all newcomers and school-leavers.

She said notices had been sent to parents about the inoculations which could only be done with their permission.

Meanwhile, figures published in the report indicate that black parents who attend the clinic are more family -planning conscious than their white counterparts.

Figures published by Sister Matthis show that during last month black attendance at the family planning clinic was 84 while white attendance was nine. — DDR

New way to spot TB cases

24/4/78

91

A cheap and effective method of finding the many open cases of tuberculosis that exist in the country has been developed by the Tuberculosis Research Institute of the South African Medical Research Council.

The latest annual report of the MRC says this method involves new procedures in sputum collection and the transportation, even from remote areas, of sputum samples, as well as simple mass culture.

"It is more rewarding than taking mobile X-ray units into country areas or waiting for sufferers to come forward for treatment," says a statement.

SURVEY

Last year a random sample survey of 4 200 people in Lebowa was completed in co-operation with Lebowa's Health Department in the first of a series of tuberculosis prevalence surveys of the six major homelands.

Urban surveys of the risk of tuberculosis infection are also being carried out.

The data obtained will allow cities to adjust their control methods, particularly their vaccination campaigns.

Hansard 13 col 980 29/4/77

(91)

Tuberculosis tests at Riebeeck East

*10. Mr. R. J. LORIMER asked the Minister of Health:

Whether tuberculosis tests have recently been carried out on the inhabitants of the Bantu township at Riebeeck East; if so, (a) when and (b) with what result.

†The MINISTER OF HEALTH:

Yes.

(a) 1976.

(b) 440 School-children were P.P.D. tested, of which 82 were found positive and placed on prophylactic I.N.H. treatment. 101 Adults were X-rayed, of which 16 were found positive and placed on treatment.

Benoni plans to wipe out African TB

9

2/5/77

By ROY DEVENISH

A PROJECT to immunise rural Africans against tuberculosis has been launched in Benoni.

The programme will be started in the Heidelberg, Devon and Delmas areas. It is hoped to launch a countrywide project in the future.

The programme will be financed by the Christmas Stamp Fund and run by Benoni municipality's Department of Health and the State Department of Health.

Speaking at the opening of the campaign, the chief medical officer of health for TB in the State Health Department, Dr T. F. R. Collins, said recent Press reports gave the impression that TB was on the decrease in South Africa.

However between 50 000 and 60 000 new cases were reported annually.

Dr Collins said that about 10-million to 12-million people—almost half South Africa's population — had been infected by TB. They were mostly Africans.

Although only five or ten per cent actually developed TB, it still meant that there was a steady stream of new cases. It would take a number of years before there was a dramatic drop in the number of cases reported.

Benoni's medical officer of health, Dr Desmond Gordon Smith, said Heidelberg, Devon and Delmas had been selected because as far as could be established, no such immunisation campaign had been carried out in these areas before.

He said the campaign would be aimed at African children of between three months and school age.

Immunisation will last a considerable time, perhaps a lifetime, Dr Gordon Smith said.

The project will last for about four months, and it is hoped it will show how many children can be vaccinated and what problems will have to be faced in a possible countrywide programme.

The Christmas Stamp Fund has set aside R5 000 for the project.

TB rate shocks Lorimer

Political Correspondent

THE ASSEMBLY. — A Government survey of 440 African schoolchildren in the Eastern Cape town of Riebeeck East has found that 82 had TB.

This was revealed in the Assembly yesterday when the Minister of Health, Dr Schalk van der Merwe, replied to a question tabled by Mr Rupert Lorimer, who last week made a scathing attack on conditions in Black townships in the area.

Yesterday Mr Lorimer said in an interview: "This indicates a shocking situation and I believe it is fairly typical of many Black people in the area.

"There is now an urgent need to ensure that TB on these almost epidemic proportions should be checked," Mr Lorimer said.

Dr Van der Merwe said the survey was conducted in 1976. The 82 positive cases were placed on prophylactic INH treatment.

Of the 101 adults X-rayed in the survey, 16 were found to be positive.

(1) 91
(2) 1124

ARGUS 16/6/77

Housing is key factor in TB fight

THE housing problem is one of the major obstacles to the elimination of tuberculosis, speakers at the 48th annual meeting of the Care Committee for Tuberculosis Patients said yesterday.

Dr R. J. Coogan, City Council Medical Officer of Health who was re-elected chairman of the committee, said the small drop in the incidence of TB among Coloured people could be attributed to an increase in housing and a rise in living standards.

Dr Oscar Wollheim, chairman of Cafda, said there was a link between housing and the occurrence of TB and gastro-enteritis.

'When I joined Cafda in 1948, there were 7 000 houses short. Since then the authorities have built more than 100 000 houses. There is now a shortage of more than 40 000,' he said.

Dr H. Reeve Sanders, principal medical superintendent at Groote Schuur Hospital, said: 'Tuberculosis accounted for 95 percent of all deaths from notifiable diseases in South Africa last year.'

8

To b ginning 5th May.

1. tm

:s to small rather than

produced;

cheap as any other;

king place;

Wl ternatives is correct? Explain briefly.

(5%)

2. As produce either 40 bushels of wheat or 30 bushels of le land.

Al R100

ce R 20 per bushel

e R 50 per bushel

Wh o the farmer in the short and long term? What is ction? Explain your assumptions.

(15%)

3. t

nits)

	Labour (No. of men)
0	
6	
11	
15	
21	
31	
45	
63	
85	
111	
141	

Assuming wages of R5 per man, fixed cost of R100, calculate Total cost, Total Variable Cost, Average ~~Fixed~~ Variable Cost, Marginal Cost.

Draw graphs to show the relationship between these curves.

(30%)

p.t.o.

2/...

12.5.3 *School of Modern Languages*

Afrikaans en Nederlands
French
German
Italian

12.5.4 *School of English*

13. *Degree Nomenclature*

13.1 It is noted that the degree name does not have to be the same as the Faculty name. Precedents for this already exist in the University.

13.2 The Faculty of Architecture could award degrees such as B.Arch., B. Building, B.Sc. (URP), etc.

13.3 The Faculties of Human Sciences, Language and Literature, Law, Performing a[illegible] night all [illegible] ntinue [illegible]omas).

(91) RDM 29/6/77

'TB in SA has not decreased'

Staff Reporter

THE INCIDENCE of tuberculosis in South Africa has not decreased over the past few years in spite of modern drugs and treatment, Dr H Bernstein chairman of the Vereeniging branch of Santa, said this week.

Speaking at Santa's annual meeting in Vereeniging on Monday night, Dr Bernstein said the only way to fight tuberculosis was to destroy malnutrition, overcrowding and inadequate home environments.

"Good food, housing and a protecting family life will prevent tuberculosis.

Illegitimacy, a lack of education and the lack of proper home life encourage it like wind encourages the flames of a grass fire."

Only a healthy socio-economic infrastructure would result in a tuberculosis-free country. Young starry-eyed doctors were not needed to achieve it, he said.

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[illegible] would have [illegible] be set up by the Faculty concerned (where Schools exist, recommendations would be drawn up by each School and submitted to the Faculty for approval).

14. *Summary of Recommendations*

14.1 Ultimate Goal That it be recognised that the ultimate goal of any review of University structures should be the optimisation of conditions within the Unviersity for successful teaching and research.

14.2 Devolution That wherever appropriate, central decision making and executive action should be delegated to the Faculty level (see Section 6).

14.3 Faculties of Arts and Social Science and Music That restructuring of these Faculties into three new Faculties (Human Sciences; Language and Literature; Performing and Fine Arts) be implemented forthwith (see Section 10).

D.D. 12/8/77

R12 000 profit for charity tea garden

(91)

EAST LONDON — Twenty-five years of voluntary service by 450 East London women in support of dependants of tuberculosis sufferers was acknowledged yesterday at the annual meeting of Marina Glen Tea Garden.

In an address to the meeting, the medical superintendent of the SANTA Settlement for TB patients, Dr L. B. Schneider, paid tribute to the women's untiring efforts at the tea garden and explained how the money raised there was used.

Not revealed by Dr Schneider, however, was the fact that profit from the tea garden venture for the financial year that ended March, 1977, was R12 000, three times more than the amount earned in the previous year — a great boost to SANTA's charitable work, a rewarding pleasure for the women who work so hard at the tea room and testimony to the popularity of the tea garden among residents of East London and visitors to the city as well.

No doubt, the tea garden's popularity will increase even more during the next few weeks while the replica of Jan van Riebeeck's Dromedaris is "docked" in the Glen.

Which underlines the work load borne so cheerfully by the 450 women who cater at the tea garden all the year round and for seven days of each week.

Two of their number, Mrs Val Albert and Mrs Mary Paterson, told me the urgent need was for more volunteer members, not only to reduce the calls on the time of the present workers but also to relieve some of them who have given their services willingly for many of the 25 years of the tea garden's existence and who now deserve some respite.

The tea garden project dates back actually to 1950 when Round Tablers built a kiosk at Marina Glen as part of their drive to raise R18 000 to build a TB aftercare settlement at Fort Grey.

East London volunteer women took over a couple of years later and have run the tea garden for SANTA ever since.

The permanent tea garden buildings were erected 15 years ago and apart from the teas and eats served there now, things made by patients at the Fort Grey settlement as a form of occupational therapy are also sold at the tea garden.

The importance of the earnings from the tea garden was stressed by Dr Schneider in his address yesterday.

"Peace of mind is very important to patients at the SANTA Settlement," he said, "particularly for a breadwinner who must be assured his family is not left to starve while he is in hospital undergoing treatment. This, of course, is why you women are working so diligently raising funds, so that families can be cared for."

Many dependants, he said, particularly children, were helped totally from funds raised at the Glen.

The average cost of running the Care Office was R1 200 a month and only part of its work was State-subsidised.

So there should be appreciation, he said, of the tremendous amount of good done by the tea garden women in helping needy dependants of people afflicted by tuberculosis.

Dr Schneider said in spite of modern treatment the end of this disease was nowhere in sight. In fact the end result of modern treatment was such that many chronic sufferers from TB who would otherwise have died were kept alive and so increased the need for assistance.

"So, ladies, please keep up the good work," he concluded.

And this, I am assured, the selfless band of 450 women are determined to do.

But are there not others prepared to lend a helping hand?

—George Farr

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Government and politics,

D.D. 1/9/77



Mr H. Miller, MP for Jeppe and a member of Santa's management committee, addresses the Santa meeting in East London yesterday. Also in the picture are (left) Mr J. van den Heever, MPC for East London North, and Dr E. Glatthaar of the Department of Health.

Santa man criticises new welfare legislation

EAST LONDON — The proposed national welfare legislation could slow down the process of welfare work and kill enthusiasm, the honorary treasurer of the South African National Tuberculosis Association, Mr B. van der Velde, said yesterday.

Mr Van der Velde told the national council he would welcome any move to put welfare organisations under some form of control, but he did not want them to be "bogged down".

"I know there is malpractice, but I am afraid we will end up having to ask permission if we want to blow our nose, or for every cent we collect we will have to give an explanation of what it is for," he said.

Mr Van der Velde was commenting on the draft Bills which have been gazetted for comment before September 15.

Mr H. Miller, MP for Jeppe and member of Santa's manage ment committee, said the organisation should not be alarmed by the draft Bills.

"They are not altogether pleasing, but the National Federation for the Rehabilitation of the Disabled is to make representations on certain sections," he said.

These were the proposed limiting of the term social worker to those qualified and able to justify registraion through qualification, and the state appointment of officials to the National Welfare Advisory Council, and the chairmen of the regional boards.

"The Federation feels the restriction on social workers might rule out people who have done a lot of work but do not possess the necessary qualifications.

"They also feel the advisory body should have some elected members. As things are the new regulations might cut across established welfare work," Mr Miller said.

However, he said he was confident that the legislation would not be finalised in its present form.

The council decided to request, on behalf of the branches of Santa, more time in which to study the proposed legislation. — DDR

TB in EL cut by half

EAST LONDON — The incidence of infection with tuberculosis in East London was down to half according to the latest survey, the director of the TB Research Institute, Dr H. H. Kleeberg, said here yesterday.

Dr Kleeberg told the national council of the South African National Tuberculosis Association the rate of infection was down to 3,4 per cent.

He said there had also been a decrease in the rate of infection in the Ciskei and Transkei.

The Deputy Director for infectious diseases of the Department of Health, Dr E. Glatthaar, said the situation as far as Coloureds in East London went was not as healthy.

"Steps are being taken to combat this, as well as the still high rates in the Ciskei and Transkei," he said.

Dr Kleeberg said the decrease in Transkei could possibly be attributed to imrovement in education, agriculture and the awareness of the symptoms of TB.

At present Santa operated in 13 of the 28 areas in Transkei, Mr Peter Roostee, vice-chairman of the technical advisory committee of Santa, said.

The council was told that the Ciskei had asked Santa to continue its work there during 1978 and 1979, although the Ciskei had hoped to take over its services. — DDR

probably arises out of the Board's exclusion of the Ground floor beds.

THE GROUND FLOOR

The long narrow corridors have rooms on either side. The corridor lights do not work. At the entrance of the flats there are two locked meeting rooms

91

(72)

TB is 'prevalent'

Science Correspondent. N. Mercury 16/9/77

TUBERCULOSIS, already the most ominous of notifiable diseases, may be 10 times more prevalent in South Africa than official statistics reflect.

This is said by the chairman of the South African National Tuberculosis Association, Mr. P. H. Anderson, in the Association's annual report.

"Santa has very serious reservations about the reliability of TB notifications because wherever we have carried out detailed investigations the actual number of TB cases has been found to be from five to ten times that officially recorded," he said.

The latest figures from the Department of Health, quoted in Santa's report, give a total of 55 300 cases of tuberculosis in South Africa including the homelands and the Transkei.

According to the Minister of Health this represented a fall of 17 percent on the 1976 figures.

"The drop in the notification rate should be treated with reserve for various reasons — the curtailment of investigations into the incidence of the disease because of shortage of finance, the unrest experienced last year which resulted in health services being disrupted, the shortage of staff and the fact that many public service posts have been frozen," comments Mr. Anderson.

Rhodesia, 9 April 1975.
und: 'the availability
ture, has become much more
d Wenela to recruit
his decision, which could
ndustry, was made without
This was a grave departure
t I am assured that it
ate consequences which
perative attitude adopted

iness and Financial Review,

75.

production noted in Grain
bury.

...e Agreement contained on the reverse of the contract form signed by each contractee. Additional perspectives came from Wenela propaganda handed to contractees (documents in the vernacular translated by Wilbert Garaba).

64/ Mine Labour Organisations (Wenela) Ltd., Reports and Financial Statements For The Year Ended 31 December 1974, Johannesburg.

65/ Wenela representatives in Salisbury explained these reasons as: dislike of underground work, being 'trouble makers' and being 'disturbed' and 'unsettled'.

66/ G.M.E. Leistner and W.J. Breytenbach, The Black Worker of South Africa, Africa Institute No. 26, Pretoria, 1975, p.15, report a figure of 11 000 black Rhodesian workers as reported by the 1970 Census in South Africa. This is undoubtedly low. Dept. of Bantu Affairs figures are much higher. For example, see Rhodesia Herald, 3 April 1976.

67/ I am grateful to Nicholas Dziva who conducted the interviews in the vernacular.

68/ When starting operations, the Acting Manager of Wenela (Mr. N.D. Nicolle) conducted an on the spot review of unemployment in and around Salisbury. From this cursory investigation, he was well-satisfied as to the extensive evidence of urban unemployment in Salisbury. It is also worth reporting the comment of the President of the South African Chamber of Mines that an off-take of 20 000 contractees 'would not make a dent in the local labour market'.

69/ See Business Herald, 6 February 1976; and Financial Mail, 9 May 1975.

70/ I am grateful to Ian Phimister for pointing this out to me.

71/ It is an interesting point to be recorded that, according to the General Manager of Wenela in Rhodesia, the publication of political news indicating heightening of the local political crisis and/or possibility of change has brought about immediate fall-off in recruitment intake levels.

72/ .....

(m) Regskoste be[illegible] like)

(n) Werker se hu[illegible]

13. Behuising

(a) Grootte van [illegible] kamers, grootte van elk indien

(b) Dakmateriaal

(c) Muurmateriaal

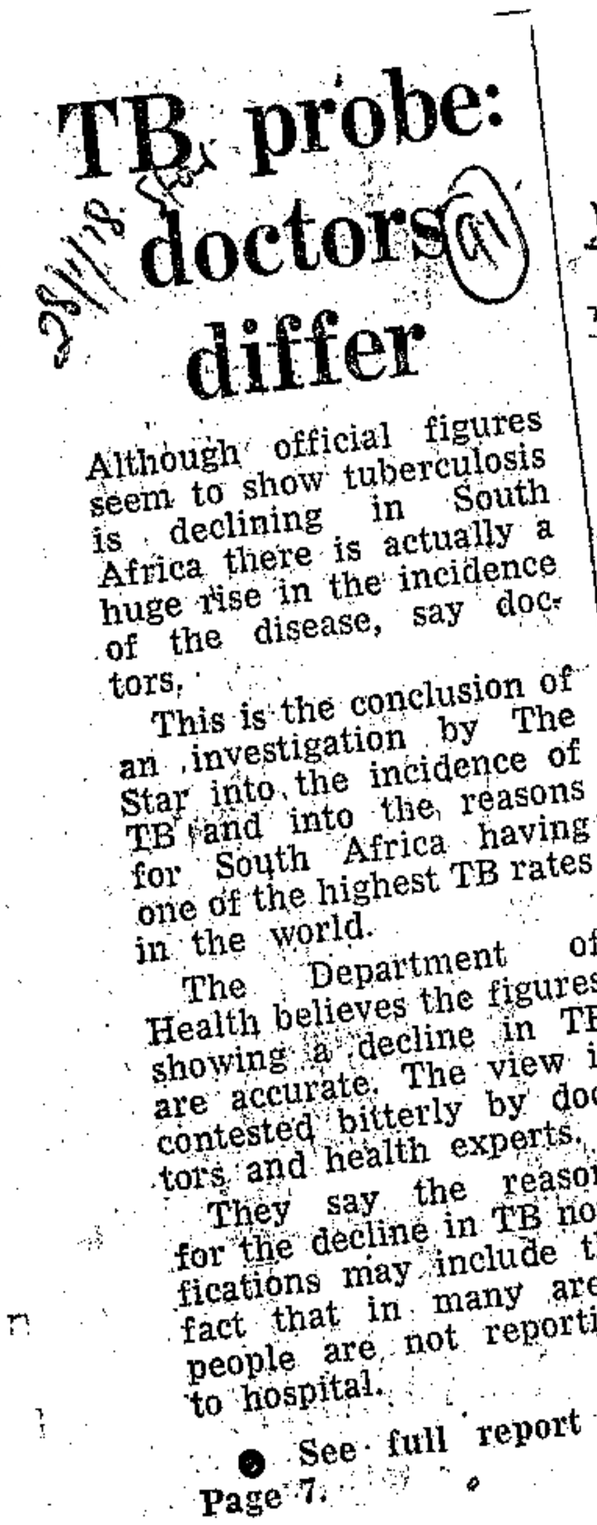
(d) Vloermateriaal

(e) Riolering

(f) Verwarming

(g) Watervoorsiening

(h) Hoeveel mense, [illegible] woon in die huis?



TB probe: doctors differ

Although official figures seem to show tuberculosis is declining in South Africa there is actually a huge rise in the incidence of the disease, say doctors.

This is the conclusion of an investigation by The Star into the incidence of TB and into the reasons for South Africa having one of the highest TB rates in the world.

The Department of Health believes the figures showing a decline in TB are accurate. The view is contested bitterly by doctors and health experts.

They say the reasons for the decline in TB notifications may include the fact that in many areas people are not reporting to hospital.

● See full report on Page 7.

14. Werker se vorige werk:

	Plek (plaas, dorp, distrik)	Tydperk	Soort werk	Weeklikse loon
1.				
2.				
3.				
4.				
5.				

Rede waarom werker elke werk verlaat het:

1.

2

3.

4.

5.



aron is a five-year-old TB meningitis victim. He in a semi-conscious state, cannot drink or swallow nd must be fed in perpetuity by means of a gastro-asal tube containing high protein feeds.
. TBM is usually diagnosed too late for intensive eatment to result in complete recovery, once the rain cells are damaged they do not regenerate. Often, as in Aaron's case, the patient remains for the rest of his life "just a vegetable."

Dr Winnifred Bulkeley of the King George Hospital, Durban, says that of her experience of 1 300 TBM patients almost all are physically and/or mentally handicapped and have no hope of recovery.

TB ...is DOWN—officials ...is UP—doctors

Tuberculosis is the worst medical killer in South Africa and its incidence is a national disgrace. The country is generally reckoned to have one of the highest TB rates in the world – and despite official figures that indicate the incidence is falling many doctors are convinced it is getting worse. Investigation and pictures by HELEN ARON.

Tuberculosis is the worst health scourge in South Africa. Every year tens of thousands of new cases are identified and millions of rands are spent on treatment.

Officially the disease is finally on the decline. In 1976 the officially notified number of new cases fell from more than 64 000 to 55 300.

The Department of Health says the figures are accurate. Dr E Glatthaar, deputy director for infectious diseases, told The Star that statistical data from in-depth scientific surveys indicated a definite downward trend.

Astronomical

Other doctors and medical authorities dismiss this viewpoint as nonsense. Not only is the incidence of TB not decreasing, they say, but it is booming.

It may be as high as from five to 10 times the official figures.

Dr T F B Collins, superintendent of the Rietfontein TB Hospital, says the true figure may be "astronomical."

Other field doctors agree. A Cape Town doctor who was posted to a Gazankulu hospital during his national service was bitter about "the steep rise in the incidence of TB."

And, he added, "It is treated with expensive drugs so we are constantly being told to watch the budget." He claimed doctors were not able to obtain sufficient quantities of the necessary drugs.

The reason for the increasing incidence of TB, he said, was "a chain reaction."

Admissions

"The land is overcrowded and intensive farming is still too radical for traditional people. The result is that people are malnourished and therefore highly sensitive to TB."

Dr Greg Wells, superintendent of the Charles Johnson Memorial Hospital at Nqutu, agreed with this view.

"There has been a marked rise in admissions," he said. "Tuberculosis is well reported in this area so we can possibly see the rise in incidence more clearly than in other areas."

Patterns

One of the reasons for the increase was the use of Nqutu as a resettlement area with the population being constantly increased by removals and endorsements out of urban areas.

"A host of social-breakdown symptoms appear," Dr Wells said. "This term is used to describe the combined effect of poverty, malnutrition and overcrowing."

The combination, he said, was "positively lethal."

Dr Wells was highly critical of the Government's closer-settlement schemes in rural areas.

They combined, he said, the worst features of both urban and rural social patterns: family breakdown, migrant labour, poor agricultural development, non-existent labour opportunities, limited land resources and detraditionalised tribal societies trying to support themselves on reduced remittances from migrant workers.

Against this background, he said, there was no possibility for a decrease in tuberculosis incidence.

Dr P W Kok of Elim Hospital in Gazankulu (which serves a population of 400 000) said that in his area official notifications were down by one third — not only for TB but for all diseases. This did not mean that the incidence of TB had been reduced.

"We have no reason to believe that the population is suddenly that much healthier," he said.

"We can offer no medical explanation — except that patients are simply not coming to the hospital.

Real cause

"Perhaps it is the increase in fees from 60 cents to R1 or the increased transport costs. We are about to conduct a survey to establish the real cause."

Dr Kok said the patients who did come in were more seriously ill than previously or were relapsed cases that were more difficult to treat.

There was also an increase in the death rate. "They are more ill so they die sooner," he said.

He suggested that economic pressure might be the reason for diminished hospital attendance. This was particularly so as advanced TB cases had to be kept for two to three or even more months in isolation wards.

Too late

"Workers fear the loss of income from being unemployed so they stay at work as long as they can and only come to us when they are very ill indeed — often they come too late."

Professor L Schlemmer of the University of Natal's Centre for Applied Sciences and co-author of "A Study of Malnutrition in the Nqutu Districts of Kwa-Zulu" saw the decreased TB notifications as resulting from decreased hospital attendance.

Since inflation had reduced the value of remittances from migrant workers it was likely that bus fares and hospital fees were being foregone in favour of food.



The bent, misshapen spine of a TB victim lending a cruel hunchback-like quality to this beautiful child.

Meanwhile... back in a homeland...

Slumbering on a bend of the commonly bone-dry Klein Letaba in the scrubs of the Northern Transvaal lies one of South Africa's relatively recently created capitals — the 1973-instated Giyanai, capital of the Shangaan homeland, Gazankulu.

It is a dusty agglomeration of cheerless trading stores, one post office, a bank; a few schools and churches are sited — if that's the phrase — with random insouciance among patches of knee high tracts of unmown grassland.

This then is the CBD (Central Business District).

The residential area consists of a larger version of Soweto style housing in a grid pattern of two or three blocks in apparent homage to central planners' ubiquitously applied housing schemes.

Herein live the new elites of teachers, government officials, civil servants, etc.

WITCHCRAFT

This is a society which is severely tradition and witchcraft-bound, aggravated by cultural and geographical isolation from centres of development and contact with whites.

In this born-yesterday capital the oldest structure is a 20-year-old mission hospital given by the Ned Ged Kerk (NGK) and one staffed by Belgian and Dutch doctors of devout Christian conviction and dedication.

The take-over of the mission hospitals by the State Health Department in 1975 saw a minor exodus of a small army of European-born medical men to their countries of origin.

Filling the vacancies are a number of doctors seconded to ex-mission hospitals on loan from the South African Defence Force in an unobstrusive anti-insurgency campaign for it is at grass roots level that the battle for "hearts and minds" of the local populace must be won. And Shangaan Gazankulu is especially vulnerable in its proximity to Mozambique and tribal cousins now thriving/-starving under the red flag.

FROM CAPE TOWN

Catapulted from the august heights of the Cape's two most famous hospitals, Stellenbosch's Tygerberg and Cape Town's Groote Schuur was Doctor A — a well travelled and educated member of a prominent Cape Townian medical family.

"This is for us, medical men from the white urban areas a staggering eye-opener," said Dr A. "We in the cities have actually no idea at all of what goes on behind the 'white wall' — the real 'volk daar buite.' Our socio-economic background shields us from these realities and when one arrives unprepared in places like this it is nothing but sheer culture shock."

What aspects did he find shocked him most?

"The steep rise of TB," he said. "For adults TB is first, second and third the most prevalent homeland disease. And it is treated with three expensive drugs, so we are constantly being warned to 'watch the budgets'. But the best way to watch the budgets is by preventative measures since the cost of prevention is a fraction of the cost of treatment. Today TB is a preventable disease, medically speaking."

Dr A was highly critical of planning policies for the rural areas.

PREVENTION

"Just think of it, here you are the product of R30 000 worth of the public's money and your own fees in medical training; you sit for years in lecture rooms; you study for nights into long hours and at the end of it you're utilised as little more than an upgraded admissions clerk with a white coat and stethoscope."

Asked whether the hospital could not initiate screening or sputum tests, Dr A said they were not permitted to be linked with a dynamic programme of preventive measures, nor were they able to obtain sufficient quantities of necessary drugs.

"It's an infuriating, frustrating experience, apart from the effect it has upon one's conscience knowing that until the budget and the health programme is more realistically adjusted to the demands of homelands hospitals the rural medical problems stand no chance."

Why should there be a TB increase? To what did Dr A ascribe it?

"It's a chain reaction," he said. "The land is overcrowded and intensive farming is still too radical for the 'traditional way of life' farmer. The result is that their maize crops are negligible. They know little about crop rotation with the result that they are simply a malnourished population, and therefore highly sensitive to the TB strain. This is no longer an agrarian society and cash incomes are too low."

SCABIES RIFE

Referring to the agricultural conditions, Dr A said: "Look at the conditions in which they live — there is a crying lack of water here, nothing like on-site taps for example and no irrigation."

Medically speaking the water shortage prevented even minimum standards of hygiene from being applied. "Scabies is rife here; the parasite thrives in unwashed blankets and dirty clothes so we have many children with signs of infestation over their bodies.

"Patients who sustain cuts and abrasions are never cleaned up and sent home. We keep them here until the minutest skin lesion has healed, otherwise it is just an open invitation for the infection of an arm or leg to run rife until we have to amputate."

A beautiful little girl with a bent angular spine hobbled hunchback-like into view. Tuberculosis of the spine has already ensured that she will never be able to walk tall. Those large liquid eyes did not smile.

In the children's ward the cots are filled with shrunken limbs, the grey, hairless heads of pellagra victims, the swollen and waterlogged bodies of kwashiokor-racked infants and the stick-like limbs of the frail marasmus sufferers.

"What you see here," said the doctor," is the final result of NOT having a programme of radical land reform because of the — undeniable — 'power of the chiefs.' And this pathetically low agricultural output is producing retarded children, highly infection prone through malnutrition and terribly expensive to treat. A complete re-examination of priorities is overdue by 10 years."

Doctor A looked drained as he gestured vaguely at the cots. "What do you think it would cost to implement a programme of mass screening and compulsory sputum tests? Money and planning of course, but less, much less than it costs the country now in trying to patch up the bottomless pit of TB victims occupying tens of thousands of desperately needed beds throughout South Africa.

"And as for measles — measles is a killer disease and a kwashiokor trigger, yet even here in a high measles prone environment inoculation is not compulsory! At a mere 27c a dose!"

The warnings have been there—in SANTA reports

The South African National Tuberculosis Association (SANTA) warned of the continuing TB epidemic.

SANTA NEWS July 1977: An Empangeni physician is reported as saying that "TB is burning with a steady flame. In the Empangeni/Richards Bay area conditions are ripe for infection. TB thrives in industrial revolutions where new labour opportunities attract mass migration to industrial-urban areas unprepared for the influx."

SANTA NEWS June 1977: "TB Spreads in Krugersdorp" is the headline referring to a warning by Dr Jack Smiedt, MOH. Disruption of health facilities in the 1976 unrest in the Kagiso and Munsieville townships had had serious health repercussions for the black populations. While other diseases showed a decline, "TB remained a major economic and health problem."

SANTA NEWS February 1977: Dr J N Sher, MOH for Port Elizabeth writes that: "TB continues to take its toll unabated. A total of 2 375 new cases were notified in 1976 and a further 14 406 contacts have to be examined. Some 50 percent of the Local Authorities Health Budget is required for the abatement." Dr Sher's 1974 report discloses a TB increase of 10 percent in 1973 in Port Elizabeth.

SA MEDICAL JOURNAL November 1977: Dr Winnifred Bulkeley of the King George V Hospital, Durban, states in a letter that "TB is in epidemic form among the black people of SA." Dr Bulkeley writes that of the 1 300 black children she has treated "one quarter have died and the rest are physically and/or mentally handicapped."

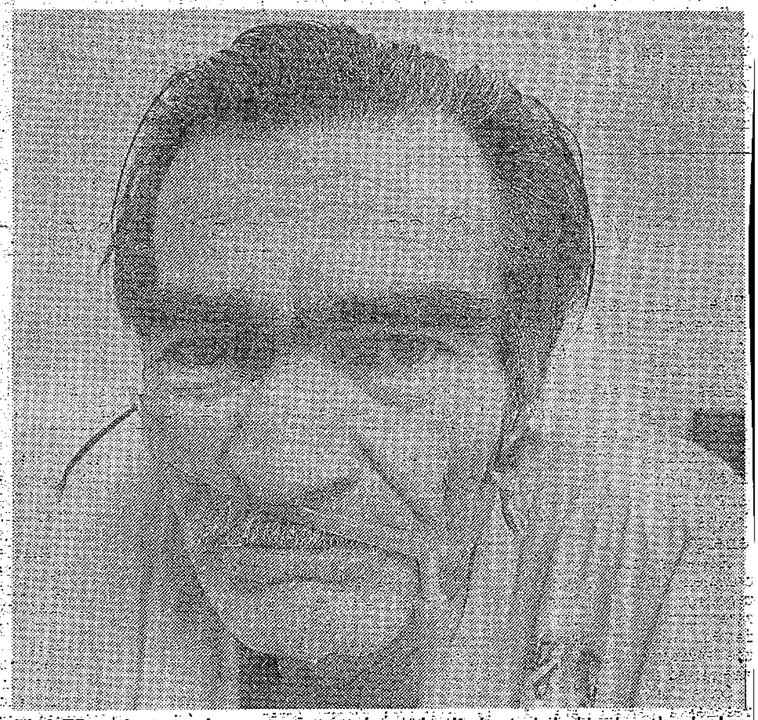
SANTA NEWS JANUARY 1977 under "Threat of TB Epidemic in Zululand" the late Dr G Pirrie warned the Zululand Chamber of Commerce's Coastal Branch that the threat of an epidemic loomed over Zululand as thousands of black workers streamed to townships where rapid industrialisation exposed them to poor housing, long working hours, overcrowded living conditions and bad nutrition.

Dr Wells says that the precise terminology to describe present TB incidence was that "TB was in rising endemic form," since the word "epidemic" suggests suddenness — a sudden rise in disease, or the sudden appearance of a new disease to a considerable extent.

A clue to real incidence levels would be revealed by malnutrition levels.

However, since 1966 malnutrition figures have been withdrawn among notifiable diseases.

But a recent survey of the area served by St Lucy's Hospital in the Tsolo District of Transkei by G M Westcott and R A P Stott published in the SA Medical Journal December 3 1977 states that a massive 30 percent of children die of malnutrition related causes before they are two years old. The authors state that the area they had under survey was no different from others in that region.



This TB patient requires an oxygen tube and cylinder to help him breathe; he has other pulmonary complications brought on by his weakened TB condition. Mr X is well able to support himself were he not ill — he is a general handyman, carpenter, hairdresser — "No man, I can do anything, you just name it," but TB has lost him to the economy and society.

Embarrassing says sister

EAST LONDON — It was wrong for people to shun TB patients and worse still were firms that dismissed their employees who had TB.

Sister Chrina Binta, who has been working with TB patients at Fort Grey Santa Settlement for ten years, said many still shunned people with TB.

"What is important for any TB patient is treatment," she said.

"No matter how extensive it can be, a TB germ stops being contagious within 48 hours of treatment," Miss Binta said.

Nurses who worked among TB patients never contacted TB; they did not take any extra precautionary measures.

"People who visit patients in TB hospitals, cover their noses and mouths," she said.

"This is embarrassing both for the patients and the nurses.

"How many undiagnosed TB patients are in buses, trains, cinemas, sports fields, and churches? These cases are the most dangerous," she said.

Sister Binta said they had convinced all but one factory in East London not to dismiss people because they had TB.

"As long as a person subjects himself to treatment, it's fine," she said.

She loved Santa work.

"I like to talk to TB patients, listen to their problems and tell them about treatment," she said.

"Sometimes you get a history of how they contacted the disease and you warn them against carelessness in future," she said.

A good deterrent for TB was a balanced diet and less alcohol.

Miss Binta would like to do family planning in Port Elizabeth in July.

"But this may take me away from my TB patients," she said.

A lot of nurses were furthering their studies, Sister Binta said.

"But the more qualified a nurse is, the more she stays away from the ward where she is most needed," she said.

Miss Binta, is from Kentane, Transkei. She always spends her annual leave there. She has a mother, a brother, a sister and a 15-year-old son. Sister Binta, who is on leave said she would be returning to work on June 1.

HOLYCROSS

A.

EPTS & PAYMENTS

ED 31.12.1977

itors to agitate for the cause of the coloured workers.'
.ends then asked the crowd, 'Would you people take the
s of me or the likes of Abdurahman, Veldsman, Tobin, etc?'
ge number put up their hands in favour of Woollends and
sman, as he himself admitted, was booed.

Late that afternoon there were 'unusual crowds' in Caledon
t. ('Many of the coloured people,' the Cape Times observed,
into the beginning of the workaday week the leisure of
ay') One or two Indian shops were attacked. Whereupon
the other Indian retailers of District Six "with one accord"
e Argus reported the next day 'put up their shutters while
as yet daylight and the contrast after dark between their
l open doors and brilliant illumination.....with that which
iled last night was very marked.' Meanwhile the police
'everywhere', constantly breaking up 'mobs' into 'small
'ganized groups'. For this purpose the mounted police
particularly effective. 'The clatter of the hoofs of the
s....coming at a gallop very soon scattered them,' as the
Times noted of one incident. But the situation threatened
more than the police could contain. So by 7.45 that
g the Volunteers were called out. Fifty men from both
uke's' and from the Cape Town Highlanders, in their Khaki
ms and slouch hats, were set to patrol the streets of the
city.

At 8 p.m. there was a meeting at the Socialist Hall. It was packed and 'rowdy'. Howard opened the meeting with a speech which vigorously condemned the behaviour - 'stealing goods, breaking windows and Jew-baiting' - of the 'hordes of hooligans.' 'Such a disgraceful exhibition of ruffianism' was likely, he reaffirmed, 'to do the cause of the workers an incalculable amount of harm.' He then introduced a man who actually worked at the farm colony at Vygeboom to which the Government had agreed to send one hundred of the spectators. The new speaker, Fermoy Crawford, told the meeting that he had been able to live at Vygeboom on one shilling a day - for which statement he was rowdily booed. Very different was the reception given to George Woollends. Greeted with rousing cheers

he ended/...

'vicious behaviour' as 'ominous mutterings and covert threats'.

FM 18/8/78 (91)

MINING AND TB
No connection

Does mining increase the risk of tuberculosis? Answer: No.

It has been estimated (*FM* January 6) that 570 out of every 100 000 black miners contracted TB last year. Santa's national figure is only 260 per 100 000 — less than half. These figures, however, are not comparable.

While the mines' own figures for black miners who actually contract the disease while working on the mines is indeed around 600 per 100 000, the national figure would be far higher than that if the same criteria were used, explains Oluf Martiny, medical adviser to the Employment Bureau of Africa (Teba), the Chamber of Mines' recruiting arm.

The national figure accounts only for new cases reported in any one year. It does not include old cases where the patient is still suffering from the disease, and obviously excludes cases where the disease is not reported.

The mines, says Martiny, screen every recruit for TB. They also apply far more rigorous criteria for determining who suffers from the disease, he says. "The national average is at least 10 times the figure indicated by Santa's figure." For example, the 1976/77 figure for Transkei had 7 000 per 100 000, for BophuthaTswana 2 200 and Ciskei 4 200. While the mines' own figures indicate these figures have dropped since then, the Transkei, for example, is still over 4 000).

The mines also argue that TB is not a mining disease. They point to the fact that over 90% of all South Africans have been exposed to TB germs. The issue is thus not who is infected with the disease, but under what conditions it breaks down. "The chief factors are nutrition and stress — both physical and psychological. No factors exist specifically on the mines which trigger off TB," says Martiny.

The mines thus resent the fact that they are the only industry which is forced by law to contribute to TB compensation for their workers.

Helmuth Kleeberg, director of the Tuberculosis Research Institute of the Medical Research Council, agrees that the industry "is being forced to pay for its past sins." He argues that SA blacks originally contracted the disease on the mines from European immigrants but adds: "This has long since ceased to be the case."

Kleeberg argues, however, that the mines could improve protection against TB by performing skin tests on miners (rather than simply X-raying them) and vaccinating those who don't have any sign of disease.

"The test would reveal that far less than 90% of the population are infected. Vaccinating those who aren't could cut down the rate significantly." Only some mines do this at present.

There is one aspect of mining and of some other industry which does contribute to TB, says one expert, and that is migrant labour. "I've no doubt that psychological stress and a lack of stability is a major contributor to the breakdown of TB — and there's no doubt that migrant labour fits that bill perfectly." However, Kleeberg doubts that stress plays a vital role.

Another factor that could increase the risk of mine work is the danger of contracting other dust diseases which spark off TB.

This used to be an important factor, making the mines riskier to work in — but that's no longer the case, says Guy Daynes, a mission hospital doctor and an acknowledged TB specialist. "Since the mines tightened up on safety precautions, this isn't a factor, but we do still have men coming in who worked on the mines some years ago and contracted TB as a result."

Daynes agrees, however, that TB is no longer a mining disease. And most experts agree that cured TB patients should be allowed to do mine work (they are not permitted to do so by legislation at present). "The risk of these people infecting others is probably lower, not higher, once they're cured," says Kleeberg.

Financial Mail A... 18 1978

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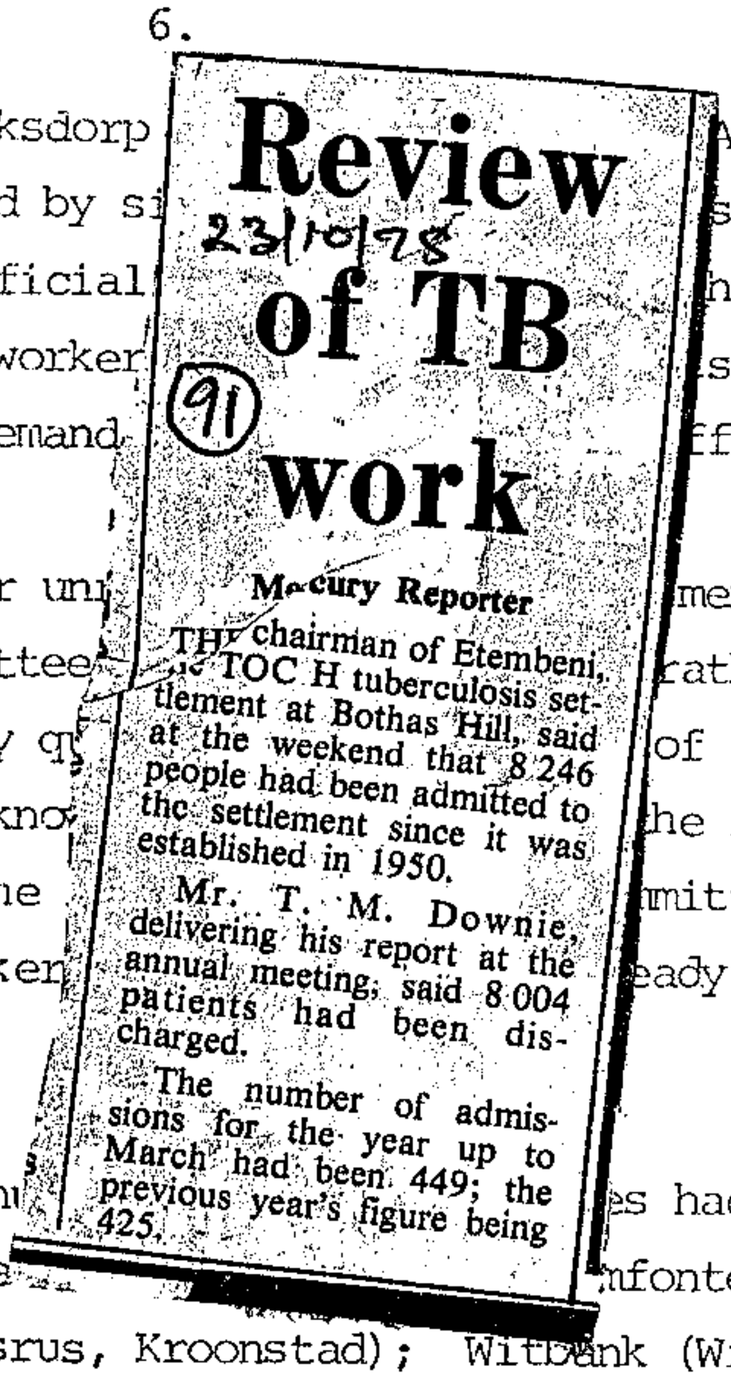
Oberholzer, Germiston, Klerksdorp ... Although it is true that he would have been supported by si... s, it would appear that to charge a single State official ... hering the vital interests of the majority of African worker... stricts in the industrial hub of the country was to demand ... fforts.[17]


Review
23/10/75
of TB
(91)
work
Mercury Reporter
THE chairman of Etembeni, the TOC H tuberculosis settlement at Bothas Hill, said at the weekend that 8 246 people had been admitted to the settlement since it was established in 1950.
Mr. T. M. Downie, delivering his report at the annual meeting, said 8 004 patients had been discharged.
The number of admissions for the year up to March had been 449; the previous year's figure being 425.

During this period of labour uni... member of the Johannesburg Regional Bantu Labour Committee... rather than a self-employed or retired person, seriously q... of the system when he stated: "very few workers kno... he regional committees and fewer know that they have the ... mittees. The only time we come in contact with worker... eady a dispute at a particular firm".[18]

By June 1975, however, the nu... es had been increased from 12 to 17 by the addition of the ... nfontein; O.F.S. Goldfields (Welkom, Virginia, Odendaalsrus, Kroonstad); Witbank (Witbank, Middelburg); Ladysmith (Klip River, Estcourt, Mooi River), and Newcastle (Newcastle, Vryheid, Utrecht).[19]

The Central Bantu Labour Board

The upper tier provided by the machinery was the Central Native (later Bantu) Labour Board, consisting of white members appointed by the Minister of Labour after consultation with the regional committees. In early 1973 the Board was comprised of four white members, one of whom was the chairman, an official on the fixed establishment of the Department of Labour. The other members were appointed on a contractual basis at an annual salary of R5 100. As a full-time body the Board met daily.[20]

The Board was to attempt to resolve disputes which had been unsuccessfully dealt with by regional Bantu Labour Committees, but if it, too, was unsuccessful it had to report to the Minister of Labour stating whether it considered such a dispute should be referred to the Wage Board.

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17. Ibid, pp.274-5.
18. Drum, 9 June 1973.
19. Hansard 19 columns 1193-4, 17 June 1973.
20. Hansard 7 columns 484-5, 20 March 1973.

Star 28/11/78 (243)

TB survey starts in Daveyton (21)

East Rand Bureau

Benoni's black area, Daveyton, has become the first urban black township in which a tuberculosis prevalence survey has been used.

This method of detecting the incidence of TB had previously been used in the homelands by the Cape Divisional Council.

Expert statisticians from the Medical Research Council worked out a sample and Benoni Health Department, in conjunction with others, tested about 2 000 people in 13 different sites in the township.

ALL TESTED

Dr Leonora Austoker, tuberculosis medical officer in Benoni, said there had been an excellent response from the residents, with more than 80 percent coming forward to be tested.

This survey is a follow-up to a mammoth project in Benoni in 1970-72, in which every resident in Daveyton was tested for TB.

Then, it was found that about 24 percent were already infected.

Contents (continued)

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TB CAN be cured

A doctor checks to see whether his patient has tuberculosis.

TUBERCULOSIS is a long-lasting, easily spread illness which anyone can get. TB most often infects people of the 15-35 year age group and also other weak, badly-fed or sick people, particularly those who live with someone who already has TB or live in **overcrowded** homes.

TB can infect many parts of the body but is usually found in the chest. All types of TB can be cured and it is important to find the disease early, to treat the patient and to prevent it spreading. The TB germ is too small to be seen and is spread from one person to another in the air we breathe.

The signs of TB are **CHRONIC COUGH**, mild fever and sweating at night, pain in the chest or upper back, loss of weight and **increasing weakness**. Later, more **serious symptoms** are coughing up blood, **difficulty** in breathing and a hoarse voice. You should go to the doctor as soon as you realise that you have a chronic cough (lasting more than two weeks) so that he can do tests to find out if you have TB.

It takes a long time to kill TB germs so the medicine must be taken for periods of up to two years. A short time is spent in hospital and the rest of the time the person takes medicines at home. You must not stop taking them if you feel better because the medicines will eventually cure you and also stop TB spreading to your family. Rest and good food are important for you to get better quickly.

Some people have TB germs but are not sick. If the person gets ill or eats the wrong food the germs become active and the person then gets TB. Treatment must be taken to kill the quiet (dormant) germs before they become active later. The resting germs cannot be seen by you but the doctor can test you to find them. The tests are skin tests and X-rays which are pictures showing the organs of the body.

Next week — Tuberculosis Part II.

WORD MEANINGS:

CHRONIC — Long lasting

COUGH — Having too many people in one place

DORMANT — Sleeping and not active

EVENTUALLY — After a time

INCREASING — Becoming greater

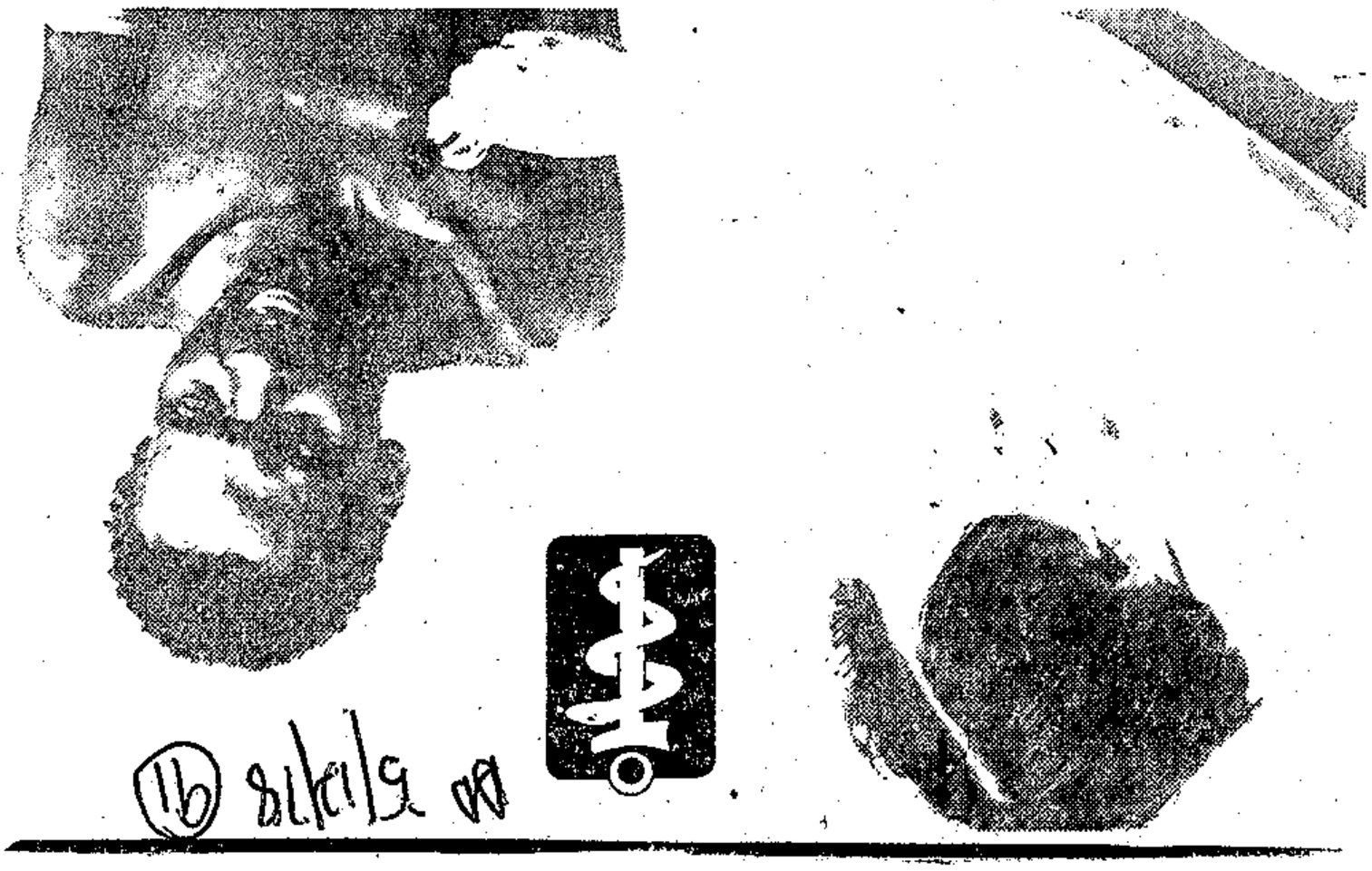
DIFFICULTY — Being hard to do

PERIODS — Lengths of time

SERIOUS — Dangerous signs or changes

SYMPTOMS — Make healthy

OVERCROWDED



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Protect your children from tuberculosis

NM 12/12/78

(91)

ALMOST any part of the body may become tuberculous. TB germs which are breathed in go to the lungs. They may stay in the lungs or move through the body to other **sites**. TB germs can also be swallowed in milk which comes from **infected** cows. Nowadays tuberculin-testing of cows and **pasteurising** the milk prevents this type of infection.

Bones are often infected. **Mid-back pain and lumps in** the back-bone may be caused by TB. Tuberculosis of the skin may look like growths, **ulcers**, long-lasting sores or warts.

TB can spread from the lungs to glands, particularly those in the neck. These glands grow and sometimes drain pus but usually they are not painful. If the germs are carried to the brain they cause a serious infection of the brain coverings (meningitis) which quickly leads to death if not treated. The warning signs are headache, stiff neck and **fever**.

A child with TB usually has no symptoms. Infection is discovered by giving the skin test to children who have been near someone with TB. If the child has the germs but is not ill, the doctor can give pills or a liquid to prevent the illness from starting. These children can go to school and play with their friends as they do not infect other people.

Children who are not treated, especially babies, are more likely to get the serious TB infections like **meningitis than adults**.

The tuberculin test shows whether there are TB germs in your body. It is a pinprick on the arm. If the test is negative, there are no germs. A positive test means that you have caught the TB germs but you need not be sick. Other tests like a chest X-ray and **sputum** collection will be done and the doctor may give you medicine to help your body fight the germs.

Babies can be protect by a BCG vaccination soon after birth. This vaccination is **compulsory** by law before **the age of 6 months**. It is also given to **contacts** of TB sufferers who are negative to the skin test. BCG vaccination gives good **protection** against infection by the tuberculosis germ.

• **Next week: Using Health Clinics.**

WORD MEANINGS:

Sites: Places
Infected: Sick
Pasteurising: Heating to kill the TB germs
Ulcers: Open sores
Fever: Hot body
Sputum: Fluid coughed up from the chest
Compulsory: Must be done
Contacts: People in close touch
Protection: Safeguarding or making safe.



A radiographer takes an X-ray of a patient to test whether she has tuberculosis or not

forcing rate-or-growth-of-output reasons for employment to grow more slowly than projected.

In the case of gold mining these influences offset each other. Output (as we have noticed) has been falling, but so has gold output per worker -

HEALTH & DISEASE - TB

1-1-79 - 31-12-80

DIVINER'S BONES NO TB CURE: OFFICIAL



tients at the Jose Pearson Centre are kept busy throughout the day although sufficient time is given for much necessary rest. Some work in the kitchen for payment.

By Charles Mogale

PORT ELIZABETH — There were times when people suffering from tuberculosis (TB) got no better treatment from the general public than lepers.

TB then was a loathed word and its victims were continuously haunted by the belief that it was incurable.

All that is past now. The disease can be cured, and the knowledge that medicine men can now cope, is spreading. TB patients too are beginning to accept it as "just another" disease, or may be a "common cold with a slight difference."

The tour of the only black hospital under the Port Elizabeth branch of the South African National Tuberculosis Association (SANTA), near Greenbushes, brought to light the ease with which TB and its patients are dealt with.

The hospital, Jose Pearson Centre, was established in 1953. Today it hospitalises more than 320 patients, and costs R30 000 to run every year.

This is the scene at the hospital:

Naturally, the patients are grouped into serious and non-serious sections. Serious ones stay in wards and receive medical attention from a qualified practitioner daily. Those who are not serious are kept busy doing small jobs on the grounds — and are paid for that — until ready to be discharged.

The jobs range from looking after toddlers to craftwork.

To curb loneliness, the hospital has a number of TV sets, indoor games and toys for the toddlers. In addition, there are regular full length film shows.

Officials at the centre say the favourite amenity for the patients is the church building in the grounds whose doors are open to all denominations. The patients often use the church building for prayer meetings organised by themselves.

Perhaps the most outstanding feature of the hospital is the effort to educate inmates. Adult patients are lectured on TB, hygiene in general and family planning.

Children attend classes everyday at school within the centre. The school is registered with the Department of Education and Training and offers lessons from Sub A to Standard Four.

Smaller children spend their days doing everything from sleeping, eating and playing in the garden or play house.

The administrative chief of the hospital, Mr D. H. Stevens is confident that amenities at the centre compare with the best. His view was shared by chief of the medical staff Sister A. Terblanche.

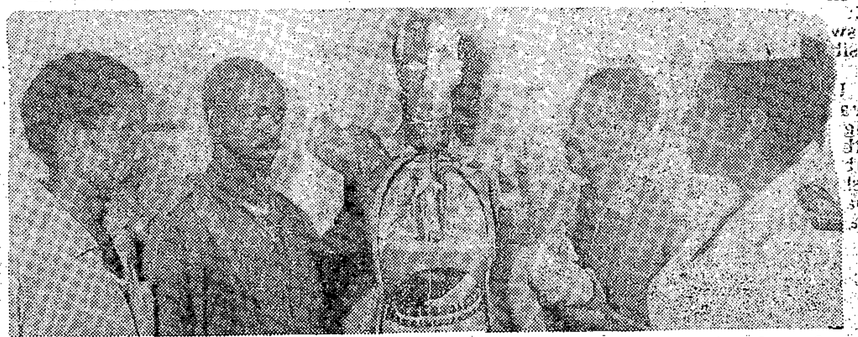
According to Col. W. E. Hawkins, branch secretary of SANTA, TB, which is rife among blacks because of socio-economic conditions, could be more easily dealt with if people realised witchdoctors could do nothing about it.

He said TB germs could under no circumstances be traced and got rid of by bone-juggling or any form of medication by an untrained person.

Do witchdoctors ever surrender their patients to SANTA when beaten? Never. The result is that the patients only get proper treatment when too much harm has been done already.



It's time to have a meal and patients line up while the nursing staff dish out meals. Patients who are still regarded as seriously ill have their meals served to them in their rooms but those who move about freely get their meals from the kitchen.



A health educator at the centre explains a point in hygiene to an attentive class of male patients.

Big bid to fight TB

91
DD
13/3/79

EAST LONDON — The South African National Tuberculosis Association has launched a big drive on the Border to educate black scholars on the best ways to fight tuberculosis. Two senior health educators from Port Elizabeth, Mrs C. Mjekula and Miss E. Mekuto started giving three-day lectures at training colleges in the Ciskei yesterday.

They will also visit the University of Fort Hare.

Yesterday Mrs Mjekula lectured at the Dr W. B. Rubusana Training College, Mdantsane. She will be there until tomorrow.

Miss Mekuto lectures at Masibulele Training College near Whittlesea yeaterday and will be there until tomorrow.

On March 19, 20 and 21 Miss Mekuto will lecture at Zwelitsha Training School.

On March 26, 27 and 28 Mrs Mjekula will be at Lennox Sebe Training College, Zwelitsha and Miss Mekuto will be at St Matthew's Training College.

On April 2, 3 and 4 Mrs Mjekula will lecture at Lovedale Training College in the mornings and at Fort Hare in the evenings.

The regional liaison officer here, Mrs Bea Mannering, said it was felt if pupils were told about the disease and its prevention intensified, that could solve many problems.

Santa had been concerned for some time with intensive health programmes encourage people to understand the need to seek medical advice when feeling ill thereby avoiding the spread of infection, particularly tuberculosis, Mrs Mannering said. —DDR.

Hansard 6 Question Column 429 (91)

14/3/79

Tuberculosis

315. Mr. N. B. WOOD asked the Minister of Health:

(1) What are the statistics in respect of the incidence of tuberculosis for each (a) province and (b) Black state for the latest year for which figures are available;

(2) what is the cost per day in respect of (a) hospitalization and (b) out-patient treatment of tuberculosis patients.

The MINISTER OF HEALTH:

(1) (a)

Cape	15 284
Natal	6 043
Orange Free State	2 889
Transvaal	14 349
Total	38 565

(b)

Gazankulu	439
KwaZulu	1 896
Lebowa	1 426
Kangwane	94
Venda	365
Total	4 220

(2) (a) Cost per day during the financial year 1977-'78: R7,83.

(b) According to the budgeting and accounting system practised by the Department it is not possible to identify the cost per day in respect of out-patients. The estimated cost per out-patient visit is between R1,50 and R2,00.

MoH tells of 'TB terrorists'

28/3/79
(91)

Argus Correspondent

PAARL. — The Medical Officer of Health here has called for legislation to force tubercular people to be treated, against their will if necessary.

In a report tabled at the monthly meeting of Paarl Town Council yesterday, Dr P A Rens said an alarming tendency for coloured people to refuse treatment for TB was one of the reasons for the increasing incidence of the disease in the Paarl area.

There were 329 cases notified in Paarl in 1978, compared with 249 in 1974. Already 72 new cases had been reported this year.

Dr Rens's report was given full support by the Mayor, Dr C J Niehaus, who described tubercular people who refused treatment as 'TB terrorists'.

MIX FREELY

In his report Dr Rens said legislation should be introduced this session to force people to submit to treatment until the hospital authorities were satisfied they were cured.

There were laws which allowed severe punishment for theft, robbery and terrorism, but people with serious TB infections were allowed to mix freely among unsuspecting healthy people who could be infected with every breath and drop of spittle of a tubercular person.

Where once municipal nursing sisters were treated with courtesy and respect when they visited a family where there was a tubercular person, they were now cursed and spat on when they called.

The infected families insisted that as long as they paid their rents, no one had the right to force them to be treated.

DISAPPEARED

Dr Rens said the situation was being aggravated by young TB victims who simply disappeared from the TB hospital soon after they were admitted or felt better.

Within minutes after being brought back by the police, they would threaten the matrons and staff, saying that nothing could force them to stay.

'This type of defaulter has always been a problem, but the percentage of such cases is showing an alarming increase, and the aggressive, fatalistic attitude of the people is difficult to explain,' said Dr Rens.

a Kaffir scout identified them as those who had burned alive one of our mule drivers a year ago. The Boers captured one of our convoys on its way to Rustenburg and ordered the drivers to go over a drift. The first wagon stuck so the Boers rolled the wretched driver in a wagon cover, poured paraffin oil on him and set fire to him. This was to make the others more careful."

Hansard 9(63c) 6/4/79

Tuberculosis: treatment

12. Dr. A. L. BORAINE asked the Minister of Health:

(91)

Whether consideration has been given to making treatment for tuberculosis compulsory; if so, with what result.

The MINISTER OF HEALTH:

No.

Dr. A. L. BORAINE: Mr. Speaker, arising out of the hon. the Minister's reply, is he aware of reports which indicate that a great number of patients suffering from tuberculosis are disobeying and disregarding doctors' and hospitals' orders and are a menace to the society at large?

The MINISTER: Mr. Speaker, it is a perennial problem. However, we handle it as best we can.

The MINISTER OF AGRICULTURE: They must drink more milk instead of Coca Cola! [Interjections.]

Dr. A. L. BORAINE: That is the best statement the hon. the Minister of Agriculture has made this year.

New vaccine ready in SA

EAST LONDON — A new vaccine against the near-fatal pneumococcal pneumonia is available in South Africa.

This follows the discovery that certain pneumococci were resistant to anti-biotics.

The acting Medical Officer of Health in East London, Dr Leo Schneider, said the danger that patients would not respond to anti-biotics in these cases was most prevalent in TB hospitals throughout the country.

The new vaccine, he said, was given to all children under 15 who were admitted to TB hospitals.

Dr Schneider said most carriers of resistant pneumococci were children under the age of three and the problem appeared to be confined to paediatric hospitals.

With the new vaccine the problem could be brought under control.

South African doctors helped to test the vaccine for safety and efficiency on nearly 12 000 mineworkers — where the incidence of the pneumococcal pneumonia is high.

The tests were carried out a few years ago and the doctors waited until the vaccine was licensed in the United States.

The new vaccine is effective against 14 strains according to Dr Hendrik Koornhof, head of the South African Institute for Medical Research. — DDR.

Wayne in hospital

LOS ANGELES — Veteran actor John Wayne is back in the same hospital room he had here when he underwent cancer surgery in January.

4/5/79
DD
91

Stigma keeps TB sufferers from clinics

EAST LONDON — There seems to be a stigma attached to tuberculosis which prevents certain sufferers from going to clinics for treatment.

This is the opinion of Mr P. Barendse, secretary of the local Santa Care group, who said an unknown tuberculosis sufferer is more dangerous than a person who is undergoing treatment.

As part of Health Year, the South African National Tuberculosis Association, Santa, has arranged a Santa week from tomorrow. where they aim to help people to recognise TB and control the disease.

They also aim to inform employers of the nature of the disease and its control.

With modern medicine, tuberculosis sufferers can receive treatment and continue working. Only in severe cases or where there are complications is it necessary for a patient to stay away from work.

The majority of TB sufferers have uncomplicated lung tuberculosis which can be cured without hospitalisation. The usual treatment just involves taking a pill once a day.

In the early stages of tuberculosis, there is a general tiredness, loss of weight and a persistent cough. In later stages there is often pain in the chest, spitting of blood and shortness of breath.

If any of these symptoms are recognised the person should go to the nearest hospital or clinic for an examination.

It is here that education is necessary. If someone has symptoms of TB which are visible to others, but is afraid to go to treatment because of the stigma attached to the disease, somebody else should draw the attention of a doctor.

The best ways of preventing tuberculosis are by ensuring sound nutrition, encouraging the use of clinics and protecting children by making sure they are vaccinated at the right ages.

Santa use several schemes to control TB, the main one in the rural areas being mobile clinics.

As part of Santa week, the East London branch has organised a regional conference of all South and East Cape divisions of the association which will be held at the Parkside Hall on Saturday.

The Santa Care Group has planned a float procession and a bazaar at the Parkside Primary School on May 12 to raise funds for Santa and help distribute pamphlets to local residents.

A symposium for black community leaders and Santa officials was also planned but was cancelled due to lack of response from the community leaders. —DDR.

Some miles from Naaupoort we came upon the coach road from Mafeking to Johannesburg. It was interesting because this was the way Jameson's raiders marched to their fate. This road is the only one that could really be called a road at home, and even it is a rough one.

18th June We continued our march west along the Mafeking road. On the way we passed Vlakfontein, the scene of Dixon's fight, and saw the graves of six Officers and about 35 men. The Greys were ordered to go 10 miles on to try to get in touch with Dixon' while the rest of the Brigade wer t into some very rough country but We found out from some natives re in a laager some miles ar into the hills.

Hansard 13(807) 8/5/79.

91

Tuberculosis

681. Mr. N. B. WOOD asked the Minister of Health:

How many deaths due to tuberculosis occurred in the Republic in each of the last two years for which figures are available.

The MINISTER OF HEALTH:

1976	2 364
1977	2 218

20th June To my disgust this afternoon my groom clipped my horse all over because he saw other chargers getting clipped. I was so angry as this means that the horse has to have a warm rug on every night, and one never knows when one may be caught out some night. By bad luck I was caught out the second night. We had reveille at 1.30 a.m. and marched at 3 a.m. back along the Mafeking road to Vlakfontein. It was very cold and dark and my horse was restive and miserable with the cold.

CT - 16/5/79

Report on TB tabled

Political Correspondent (91)

HOUSE OF ASSEMBLY. — Only half the cases of tuberculosis among coloured adults are reported to the authorities, the Medical Research Council has found.

The council's annual report, tabled in Parliament, says the delay in finding infectious cases of lung TB is the bigest obstacle to faster progress in the campaign against the disease.

The council's Tuberculosis Reasearch Institute made a random survey of 12 sites in the Cape Peninsula last year, questioning and testing 1 670 coloured people over the age of 15.

"It was found that the actual prevalence of TB is at least twice as high as the incidence calculated from annual notification," the report says.

...ember ... 20. — PC.

Few TB cases reported

THE ASSEMBLY — Only half the cases of tuberculosis among Coloured adults are reported, the Medical Research Council has found.

The council's annual report, tabled in Parliament, says its Tuberculosis Research Institute surveyed 12 sites in the Cape Peninsula last year.

"It was found that the actual prevalanece of TB is at least twice as high as the incidence calculated from annual notification," the report says. — DDC.

Too much cure, too little prevention

Mercury Reporter

THOUSANDS of Natal children under the age of five remain unvaccinated against tuberculosis, the organiser of Nursing Services for Natal, Mrs. D. A. Wilson, said in Durban yesterday.

She was speaking at the annual general meeting of the Natal area committee of the South African Christmas Stamp Fund.

Mrs. Wilson said in spite of the fact that 128 000 Natal youngsters received anti-tuberculosis vaccinations last year, many more remain unvaccinated and unprotected . . . "and the vaccination costs only eight cents a dose."

She said an estimated 1 500 000 Blacks live in the White rural areas of Natal and "in the septic fringes of large cities" — and the greatest proportion of children in need of health care live in these areas. Many of the diseases they suffer from can be cured at a relatively low cost.

Measles

She said that in South Africa five children a day died from measles alone.

"Only 2 percent of our R170 million health budget is spent on preventing disease and promoting health. The rest is spent on curative services treating illnesses."

Mrs. Wilson said although funds were limited, in the past five years R100 million was spent on treating tuberculosis patients.

She said 14 nursing teams of the Department of Health are based at 12 health centres and district offices throughout Natal, from where mobile clinics operate.

"Tuberculosis represented 78 percent of the 7 583 diseases notified in 1978 in Natal."

Star 6/6/79

(91)

Undetected TB cases put as high as 80 000

Pretoria Bureau

There could be as many as 80 000 unknown cases of tuberculosis in South Africa, the Secretary for Health, Dr Johan de Beer, said last night.

Opening a conference on tuberculosis in Pretoria, Dr de Beer said the official incidence rate was 38 000.

If the rest of the iceberg" — the unknown cases of tuberculosis — could be uncovered the Department of Health would find out whether South Africa was in fact "already over the worst."

Dr de Beer said the known incidence reached a peak in the early 1960s and had been on the decline since.

He said R24-million had been set aside to fight against tuberculosis during 1979/1980.

Over the previous decade the fight against TB had taken up between 20 and 25 percent of the total budget of the Department of Health.

There was an on-going drive aimed at removing the stigma attached to people suffering from the disease and at persuading and educating the public to assist in finding and treating the "missing" cases.

TB, the costly disease

7/6/79 RDM Staff Reporter (91) RDM

TUBERCULOSIS is South Africa's most expensive disease. It costs the country R23-million a year.

This was revealed yesterday at a three-day international symposium on tuberculosis at the University of South Africa in Pretoria.

Mr S R Jacobs, public health educator of the South African National Council for Health Education, said that only 50% of the country's 100 000 TB sufferers were reached by medical treatment.

He said that identified TB sufferers were reluctant to come forward for treatment and that the only way to fight the disease was through health education.

Another speaker, Dr H H Kleeberg, director of the Tuberculosis Research Institute, said that constant surveillance by the institute indicated there was an overall downward trend in the incidence of TB infection.

The congress, which ends on Friday, features eight overseas speakers and yesterday attracted 500 delegates.

Star 7/6/79

10-m TB cases in South Africa

Ten - million people in South Africa are infected with tuberculosis, members of a three-day national conference on tuberculosis have been told in Pretoria.

The conference, which began at the University of South Africa yesterday, was attended by distinguished South African and overseas doctors and specialists on tuberculosis.

Of the 10-million TB cases in South Africa, only about 100 000 are active sufferers.

The rest are dormant carriers.

The chief medical officer (epidemiology) of the Department of Health, Dr H Kustner, said that despite the high number of those infected, the annual risk of the disease and prevalence of infenction was dropping.

There had also been a dramatic drop in deaths from TB since 1945.

TB could be overcome if each case was diagnosed promptly, one overseas expert said.

The director of the TB Research Institute of the South African Medical Research Council, Dr H H Kleeberg, called for efforts to stop the transmission of the disease.

"There has not been much decline in the incidence of TB in black states and in the homelands, and we must increase the efficiency of services and have more diagnostic facilities," he said.

An epidemiologist from The Hague, Dr K Styblo, said developing countries showed little decrease in the incidence of TB compared to developed ones.

Massive anti-TB drive planned

Staff Reporter

A MASSIVE five-year programme to fight tuberculosis in South Africa is to be launched by the Department of Health next year.

Details of the two-pronged attack, in the form of door-to-door education on the nature and symptoms of the disease and a mass immunisation campaign, were revealed by Dr E Glatthaar, deputy director of communicable diseases for the Department of Health, in an interview yesterday.

"We estimate from surveys that there are 110 000 infectious cases in South Africa. We also estimate that there are 10-million infected persons, that is people who were infected with the germ and who have overcome the infection, but in whom the disease is dormant.

"Fifteen percent of these infected people will develop TB some time during their lifetime.

"Only 33% of infectious cases are diagnosed and treated. If one takes into account that half the people who are not treated die, then it becomes a serious problem," he said.

"Annually about 38 000 cases are notified to the Department of Health, leaving 80 000 cases undiscovered in the community — walking around infecting others.

"Our present measures are only reaching the tip of the iceberg and are not effectively reducing the risk of infection," he said.

Dr Glatthaar said that while South Africa had scientific knowledge and knew the extent of the problem, not enough was being done to rectify the incidence of TB.

The department's new five-year plan will begin with an attempt to reduce the risk of infection and the number of infected cases — from 110 000 to a projected 20 000 — by means of intensified search of infected people and short term, supervised drug treatments.

There will also be extensive vaccination of 80% of susceptible children.

The department plans to implement selected mass miniature X-ray campaigns and introduce huge door-to-door community education schemes to create an awareness of TB.

The second phase of the plan willl involve mass vaccine immunisation for all new-born, school-beginners and school-leavers.

"Without the community's active involvement and assistance, we will not achieve a marked impact on the disease," Dr Glatthaar said.

He said said the department hoped to reduce the risk of infection to 0.3 % and lower.

(9.1) 18/6/71 Star

Menace of TB can be beaten

By Marais Malan,
Science Editor

It is estimated that at least 8 000 people are walking around Johannesburg without knowing they have tuberculosis; and in the process they are infecting hundreds of healthy people.

They are a danger to their own families, friends and people they come across in shops, cinemas, buses and trains. And they themselves are heading for a rather nasty death.

This is the problem the Johannesburg City Health Department is tackling — to identify and treat these "unknowns."

"Unless we can reduce substantially this pool of infectious TB sufferers, this disease will remain a serious health problem for a long time to come," says Dr B R Richard, Medical Officer of Health.

"TB is not a social disgrace, it is not incurable. It is just an infection like measles which anyone can get and which should be treated."

HAZARD

TB is a problem mainly in the black population. Last year only 45 white, 170 coloured and 26 Asian cases were notified in Johannesburg. But there were 2 615 black cases.

Nearly 4 500 people of all races were receiving out-patient treatment for TB, making up the balance of "known" cases in the city.

But at least as many are among the "unknown" — a hazard to themselves and the community.

What is needed, in the first place, is awareness of the disease, says Dr Richard. Every mother and father, even schoolchildren, must know that anyone in the family may have the infection.

Every employer or supervisor of labour must be on the alert for the employee.

What are the signs?

- A phlegmy cough which persists for longer than three weeks.
- Loss of weight and appetite.
- Pain in the chest.
- Shortness of breath and tiredness.
- Sweating at night.
- Coughing up of blood.

If any two of these signs are present, visit a municipal clinic for a check-up.

The City Health Department's attack on TB, as in the rest of South Africa, is not only to find and treat active cases and the contacts they may have infected, but also to prevent the disease.

INFECTION

This starts at birth with the administration of BCG vaccine which confers about 80 percent immunity.

Can TB ever be eradicated? The answer is not clear. The present vaccine, unless markedly improved, will always leave a residue of unprotected people in the community who will be capable of contracting the infection and infecting others.

But experience in immunisation against other infections has shown that if population immunity can be maintained above a certain level the disease ceases to be a public health problem.

So even if it is going to take a long time, TB can be beaten in South Africa, particularly with improvements in socio-economic conditions.

The City Health Department clinics, which are free, are:

For blacks: 18 Hoek Street, Johannesburg; Orlando Clinic; Shanty Clinic, Armitage Street, Orlando West; stands 2623/27 Zone 3, Pimville; 144 Tladi; 1349 White City, Jabavu; 699 Zondi; and Mofolo South Clinic, Moroka.

For coloureds: Noah Street, Western Township; Colorado Drive, Riverlea; Dartmore Avenue, Nancefield; Main Road, Noordgesig; corner Whittenberg and Arlberg Street, Eldorado Park Ext 2.

For Indians: Lenasia Health Centre.

For whites: 15 Esselen Street, Hospital Hill.

Chest hospital to close down

EAST LONDON — The Woodbrook Chest Hospital here is to close within a year, and most of its Ciskeian patients are to be accommodated in a 400-bed tuberculosis hospital to be built near Mdantsane, it was learned yesterday.

Up to 100 Ciskeian patients, for whom there will not be space in the new hospital, are to be accommodated at the Marjorie Parrish Santa Hospital near Port Alfred, the chairman of the Santa branch there, Dr Allan Handley, said last night.

The 20-year-old Woodbrook Hospital, which used to be an air force training camp in World War II, is to be taken over by the Defence Force.

There are at present over 700 patients at Woodbrook, and they will not all be returned to hospital beds, but Dr Handley said their removal from the hospital coincided with the latest TB treatments which relied heavily on home medication and care.

"This is the latest treatment of TB sufferers, which provides for the minimum of disruption of family life. One could say it was a fortuitous happening that we can provide this form of treatment, now that the hospital is to close," Dr Handley said.

He said no patient who was in need of treatment would be abandoned.

Woodbrook is one of 23 hospitals run by a private company based in Johannesburg which operates at a profit, one of the directors, Mr J. H. Randall, said yesterday.

There are about 250 nursing and other staff members presently employed by the company at Woodbrook, and these are to be redistributed to other hospitals in the group, or to be retrenched, according to Mr Randall.

"But I want to make it clear that we will do everything we can to keep the staff in our employ," he said.

The control administrative officer for the Department of Health in the Eastern Cape, Mr S. T. Pollard said the department would have to first find accommodation for the Woodbrook patients at places nearest their homes, before the hospital would be closed.

"Nothing has been finalised yet. The plans for the new hospital have been submitted to the Ciskei authorities for approval, but at this stage we do not know the definite size and cost of the hospital," he said.

The TB patients kept in isolation at hospital and they are required to pay anyth for the treatment. government subsid the hospital, and it is according to hea department standard- said

It could not be lea yesterday what Defence Force intend ing with the faciliti Woodbrook. — DDR

	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	0,02	0,03	0,20	0,21	0,06	0,16	0,06	0,06
1-4	0,01	0,01	0,02	0,00	0,02	0,04	0,01	0,01
5-24	0,00	0,00	0,01	0,01	0,01	0,01	0,01	0,01
25-44	0,01	0,01	0,01	0,02	0,00	0,01	0,01	0,01
45-64	0,02	0,02	0,03	0,03	0,06	0,04	0,01	0,03
					13	0,15	0,13	0,15	0,03	0,03
					02	0,02	0,02	0,03	0,01	0,01
					7	7	21	31	23	21

712. Mr. H. E. J. VAN RENSBURG asked the Minister of Health:

Tuberculosis

(1) How many new cases of tuberculosis among (a) Whites and (b) Blacks were reported in the (i) Randburg and (ii) Sandton municipal area in 1977 and 1978, respectively;

(2) what was the total number of (a) White and (b) Black tuberculosis cases treated in the (i) Randburg and (ii) Sandton municipal area in 1977 and 1978, respectively.

The MINISTER OF HEALTH:

(1) (a)	(i)	1977	5	1978	2
	(ii)				
(b)	(i)				
	(ii)				
(2) (a)	(i)	1977	5	1978	2
	(ii)				
(b)	(i)	1977	11	1978	2
	(ii)		1		2
(b)	(i)	1977	11	1978	13

	W		A				B	
	M	F	M	F			M	F
0-1								
1-4								
5-24								
25-44								
45-64								
65								
ALL								
NO.								

	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	0,51	0,33	1,10	0,21	1,80	1,59	0,13	0,10
1-4	0,05	0,06	0,02	0,10	0,15	0,17	0,02	0,04
5-24	0,07	0,06	0,09	0,10	0,14	0,17	0,11	0,13
25-44	1,09	0,44	1,31	0,70	1,54	1,27	0,73	0,78
45-64	9,75	4,44	14,76	10,70	10,33	8,25	4,61	5,01
65	42,19	32,93	55,30	47,72	4			
ALL	4,70	3,81	3,22	2,25				
NO.	9752	7926	1135	804				

	W		A					
	M	F	M	F				
0-1	2,90	2,22	7,81	4,85	32,20	28,78	13,54	14,15
1-4	0,22	0,28	0,90	0,69	5,32	5,45	2,46	2,13
5-24	0,05	0,06	0,17	0,11	0,21	0,23	0,18	0,16
25-44	0,20	0,12	0,37	0,33	0,94	0,72	0,66	0,52
45-64	1,46	0,92	3,33	1,85	4,88	2,14	2,75	1,72
65+	11,52	7,89	16,51	13,42	20,07	10,49	9,32	6,19
ALL	1,12	0,97	1,22	0,79	2,87	2,22	1,37	1,24
NO.	2336	2019	430	282	3270	2588	2858	1951

	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1								
1-4	0,05	0,05	0,02	0,07	0,45	0,26	0,23	0,18
5-24	0,03	0,01	0,05	0,04	0,09	0,06	0,09	0,07
25-44	0,03	0,01	0,04	0,05	0,23	0,09	0,13	0,06
45-64	0,07	0,07	0,21	0,11	0,36	0,13	0,26	0,07
65+	0,18	0,13	0,00	0,15	0,47	0,18	0,44	0,15
ALL	0,06	0,04	0,07	0,06	0,25	0,14	0,17	0,12
NO.	128	85	26	23	289	164	366	187

Santa gets R5 000

EAST LONDON — The South African Christmas Stamp Fund has donated R5 000 to the East London branch of Santa which will be used for a health education case-finding immunisation scheme.

This was announced by the chairman of the East London branch of Santa, Mr Pip Sutton, at the annual meeting last night.

The year ending March 1979 began with the presentation of a mobile clinic by the Christmas stamp fund. It is being used in Duncan Village and for visiting factories.

The East London Care group operated soup kitchens in six schools for more than 6 000 children and Mr Sutton said they contributed to increased school attendances in the Parkside and Pefferville areas.

The TB Care office at Duncan Village distributed 4 109 food parcels costing R16 350. An average of 79 parcels a week at an average cost of R3,98 were distributed.

At the Fort Grey TB centre there were 986 admissions for the year compared to 908 the previous year.

The number of patients discharged fit for work was 790 compared with 790 for 1978. Deaths dropped from 38 in 1978 to 27 in 1979.—DDR



A child suffering from TB may ultimately look like this little boy. To enable people to fight the disease early, Santa provides lectures on the illness.

Fight TB now!

Early treatment is vital for total recovery

TUBERCULOSIS is dangerous to yourself and to others, especially to your own family.

According to the South African National Tuberculosis Association (Santa), the disease is due to a germ called the Tubercle Baccilus (TB). Dr W C M Bulkeley, attached to the tuberculosis association, discusses the danger of the TB meningitis, particularly in children.

By LEN KALANE

in the lung and causes the tuberculosis disease. It is coughed up in the sputum or even breathed out by a person who is sick with TB in the lungs where the germs which are still alive, again cause TB.

In children this TB germ does not stay in the lungs, sputum or breath. They are alive and destroy parts of the lung, and in so doing may enter the blood stream and travel all round the body.

There are three parts of the body where the TB germs most often stay in and cause disease:

- The glands (particularly of neck) which become swollen and many discharge pus.
- The bones, mainly the spine, where a painful lump develops, or the hip, which becomes painful.
- The brain, where it affects the covering of the brain and causes a serious disease known as meningitis.

All these forms of disease are very dangerous and require treatment in hospital. TB maningitis is the most serious spread of the disease but with modern treatment a patient can recover completely provided the treatment can be started soon enough.

TB meningitis never gets better without modern treatment in hospital, according to Dr Bulkeley. Do not be persuaded that anything other than modern medical treatment in a hospital will be of any use, and do not be persuaded to delay seeking such treatment by arranging treatment for supposed bewitchment, poisoning or offence to the ancestors from some neglected custom due to them.

These are the important points to remember about TB meningitis:

1 It occurs in a person who has TB somewhere else in the body. The TB germ spreads via the blood stream into the brain. If a sick child is known to have TB, or to be living in a TB family, the doctor who examines the child, must be told about this. This is very important.



Persistant coughing — a sign of TB.

2 It affects infants and children more often than adults.

3 It is the worst complication of TB. If it is not treated quickly the child may:

a die,

b be mentally retarded after recovery.

c be permanently paralysed after recovery.

4 The complaints made by children who are old enough to do so, are many. The most common are:

a Headache, which is persistent and which gets more and mose severe

b Pain in the neck, which is stiff.

c Pain in back, which is stiff.

d Pain in the legs, which are drawn up.

e Pain in the abdoman.

f Vomiting which occurs suddenly, and is not related to eating.

5 Signs and symptoms noticed by the mother:

a Vomiting.

b Drowsiness or sudden screaming.

c Weakness of a limb or limbs and shaking.

d Restlessness, squint of sudden onset, fits.

e Nonsensical speech and non-recognition of parents.

f Inability to swallow (very serious), inability to move or complain at all when touched, inability to talk.

g Bulging of the fontanelle in an infant (soft part on top of the baby's head), stiffness of the neck.

The disease spreads slowly in the brain, and all when touched, in- not present at the same time. Any of them indicate serious illness.



It is important that the patient should be treated early in the course of the disease, and in hospital, that is while the child can still talk or the infant still recognises the mother. Any delay makes the final outcome more serious. If treated the patient will recover completely. The treatment is very prolonged, but is well worthwhile.

Delay in having the family examined for TB after a case has been found, especially the small children, may be disastrous. You should be at the clinic with the family the day after you have been told about it.

Mennonite Central Committee se Konferensie oor: 'Die Rol van Geskiedkundige Vredeskerke', Gaborone, Botswana. Verhandeling voorgelê oor: 'The Role of Churches in Promoting Justice in Southern Africa' (Oktober).

Konferensie van die Afrikaanse Calvinistiese Beweging, Potchefstroom (Oktober).

(c) Deelname aan Welsyns- Professionele en Openbare Organisasies

Die Direkteur het aktief gebly in die Suid-Afrikaanse Instituut vir Rasse-Verhoudinge as 'n lid van die Weskaap-Distrikskomitee, die Nasionale Uitvoerende Komitee en van die Raad.

Hy is Voorsitter van die Quaker Service Fund in die Kaap, die diensafdeling van die Godsdienstige Vriendekring (Quakers), wat gemeenskapsontwikkeling op die platteland en in die stadsgebiede bevorder.

Die Direkteur is gekies as lid van die Raad van die Vereniging vir Sosiologie in Suidelike Afrika. Hy is ook 'n lid van die Suid-Afrikaanse Sosiologiese Vereniging en van die Internasionale Sosiologiese Vereniging. Hy is aangestel as die Suid-Afrikaanse afgevaardigde in die Raad van die Internasionale Sosiologiese Vereniging vir die tydperk 1978-1982.

WAARDERING EN DANK

Ek is altyd dankbaar vir die geleentheid wat die jaarverslag bied om my waardering te betuig aan lede van die Akademiese Advieskomitee en die Beheerraad vir hulle leiding, aanmoediging en belang in die aangeleenthede van die Sentrum.

Die Universiteit van Kaapstad het benewens 'n bydrae tot die bedryfskoste van die Sentrum, ook vir die Sentrum sedert sy stigting in kantoorruimte voorsien. Met die uitbreiding van personeel het ons die huisie op die laer

navorsings-Fellows het aansienlik tot die Sentrum se program bygedra: dr Sheila T. van der Horst, afgetrede mede-professor van Ekonomie, U.K., en professor J.L. Boshoff, gewese Rektor van die Universiteit van die Noorde.

LIDMAATSKAP

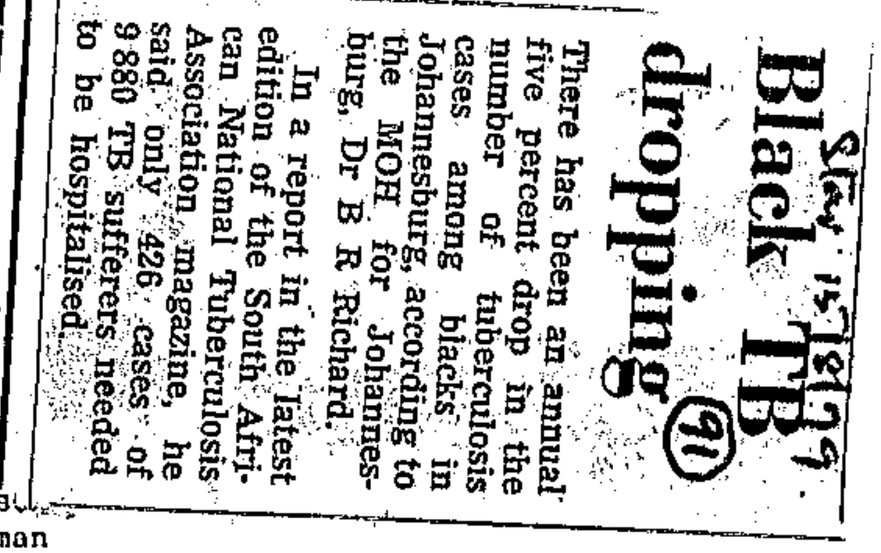
Soos voorheen gemeld, is die Sentrum vir Intergroepstudies geregistreer as 'n maatskappy [illegible] Statute van Vennootskap word benoeming van eenhonderd lede hulle sluit die volgende in:

a) Drie stigterslede:

Mnr J.G. Benfield
Mnr H.L. Kennedy
Mnr P.G.T. Watson

b) Sewentien persone wat jaar lede van die Beh lede aan):

Professor E.V. Axels[illegible]
Professor J.F. Beekman
Professor J.F. Brock
Mnr C.S. Corder*
Professor W.H.B. Dean
Dr J.P. Duminy*
Professor G.F.R. Ellis
Biskop A.W. Habelgaarn
Mnr E.V.E. Howes*
Professor M.F.Kaplan
Ds. W.A. Landman
Mnr G.K. Lindsay
Sir Richard Luyt
Professor S.J. Saunders
Professor H.W. van der Merwe
Mede-professor D.J. Welsh
Professor Monica Wilson


Stop the Black TB dropping

There has been an annual five percent drop in the number of tuberculosis cases among blacks in Johannesburg, according to the MOH for Johannesburg, Dr B R Richard.

In a report in the latest edition of the South African National Tuberculosis Association magazine, he said only 426 cases of 9 880 TB sufferers needed to be hospitalised

Labour system blamed for TB

(91)

NM 21/8/74

Science Correspondent

TUBERCULOSIS remained a hideous problem among Africans, said Mr. Pat Poovalingam, chairman of the Friends of the Sick Association, yesterday.

He was speaking at the Durban conference of the South African National Tuberculosis Association.

Mr. Poovalingam singled out the migratory labour system as a leading cause of the spread of TB, and described the system as a terrible blot on the community.

When migrant Black workers in the cities contracted TB, they naturally sought their families in the rural areas. They did this against the advice of doctors who urged immediate treatment. In so doing, they spread the disease.

At the same time, Mr. Poovalingam criticised the whole Black labour set-up.

He said he did not wish to indulge in party-political talk, however.

But where such policies had a direct impact on health — and forcing workers to travel long distance daily was hardly conducive to health — appropriate community action was needed to change them.

JAARVERSLAG ... Die Eerste Tien Jaar.

DIE OORSPRONG EN DOELSTELLINGS VAN DIE SENTRUM

Die Sentrum word grootliks gefinansier deur die Abe Bailey-Trust wat ingevolge die testament van Sir Abe Bailey gestig is. Dit is geregistreer as The Abe Bailey Institute of Inter-Racial Studies Limited (Beperk deur Garansie) - 'n maatskappy beperk deur garansie en sonder 'n aandele-kapitaal kragtens die Maatskappywet 1973 (Wet Nr. 61 van 1973).

Migratory labour system blamed for spreading TB

Tuberculosis among Africans remained a hideous problem, Mr Pat Poovalingam, chairman of the Friends of the Sick Association said in Durban yesterday.

He was speaking at the conference of the South African National Tuberculosis Association.

Mr Poovalingam singled out the migratory labour system as a leading cause of the spread of TB and described the system as a terrible blot on the community.

When migrant black workers in the cities contracted TB they naturally sought out their families in the rural areas. They did this against the advice of doctors who urged immediate treatment. In so doing, they spread the disease.

At the same time, Mr Poovalingam criticised the whole black labour set-up.

"We know that our situation is bad. We know that where there is overcrowding in shack settlements and unnatural living conditions in compounds and widespread poverty coupled with considerable ignorance of



sensible health habits, disease can flourish."

Mr Poovalingam said he did not wish to indulge in party political talks.

But where such policies had a direct impact on health — and forcing workers to travel long distances daily was hardly conducive to health — appropriate community action was needed to change them.

Since those who suffered the ill-effects had no say in the matter, the duty of those who could influence events was all the greater, he said. — Sapa.

Pay more and keep TB away—Santa

Employers should pay their workers enough to keep them in good health and to keep diseases like tuberculosis at bay, according to an appeal to employers from the SA National Tuberculosis Association (Santa).

The appeal says that as TB is a disease related to poverty, poor nutrition and overcrowded living, employers would increase South Africa's productivity by improving their workers' living, working and nutritional standards.

"Any efforts employers can make towards improved housing will help to combat TB, and employers who have introduced canteen or feeding schemes have been rewarded with better productivity," the appeal says.

"We will continue to help the authorities and to find and treat TB sufferers, but we need the active participation and support of all sectors to help us eradicate this disease.

"The decline in the risk of developing TB has not diminished with the amount of money and effort spent on combating it, and the destructive effects on the economy of 50 000 new cases a year needs no elaboration," Santa says.

IV DISEASES OF BLOOD AND BLOOD-FORMING ORGANS

	W		A	
	M	F	M	F
0-1	0,02	0,03	0,20	0,21
1-4	0,01	0,01	0,02	0,00
5-24	0,00	0,00	0,01	0,01
25-44	0,01	0,01	0,01	0,02
45-64	0,02	0,02	0,03	0,03
65+	0,11	0,11	0,13	0,15
ALL	0,01	0,02	0,02	0,02
NO.	30	34	7	7

VI DISEASES OF THE NERVOUS SYSTEM

	W		A	
	M	F	M	F
0-1	0,52	0,18	0,50	0,41
1-4	0,05	0,05	0,02	0,07
5-24	0,03	0,01	0,05	0,04
25-44	0,03	0,01	0,04	0,05
45-64	0,07	0,07	0,21	0,11
65+	0,18	0,13	0,00	0,15
ALL	0,06	0,04	0,07	0,06
NO.	128	85	26	23

VII DISEASES OF THE CIRCULATORY SYSTEM

	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	0,51	0,33	1,10	0,21	1,80	1,59	0,13	0,10
1-4	0,05	0,06	0,02	0,10	0,15	0,17	0,02	0,04
5-24	0,07	0,06	0,09	0,10	0,14	0,17	0,11	0,13
25-44	1,09	0,44	1,31	0,70	1,54	1,27	0,73	0,78
45-64	9,75	4,44	14,76	10,70	10,33	8,25	4,61	5,01
65	42,19	32,93	55,30	47,72	43,12	40,90	13,55	14,21
ALL	4,70	3,81	3,22	2,25	2,74	2,69	1,14	1,20
NO.	9752	7926	1135	804	3114	3140	2390	1921

VIII DISEASES OF THE RESPIRATORY SYSTEM

	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	2,90	2,22	7,81	4,85	32,20	28,78	13,54	14,15
1-4	0,22	0,28	0,90	0,69	5,32	5,45	2,46	2,13
5-24	0,05	0,06	0,17	0,11	0,21	0,23	0,18	0,16
25-44	0,20	0,12	0,37	0,33	0,94	0,72	0,66	0,52
45-64	1,46	0,92	3,33	1,85	4,88	2,14	2,75	1,72
65+	11,52	7,89	16,51	13,42	20,07	10,49	9,32	6,19
ALL	1,12	0,97	1,22	0,79	2,87	2,22	1,37	1,24
NO.	2336	2019	430	282	3270	2588	2858	1951

ss. 330–333

(2) The said a ctors or local managers.

331. Further ad nal company shall—

(*a*) conspicu Republic the name o company is incorpor

(*b*) have th which the company l bill-heads, and lette ficial publi- cations o e provisions of sectio

(2) An external ... issue or send to any person in the Republic any trade catalogue, trade circular or business letter bearing the company's name unless the names of its directors, their nationality if not South African, the names of its local managers and its local secretary are stated therein.

[Sub-s. (2) substituted by s. 24 of Act No 59 of 1978.]

332. Deregistration of external company.—(1) If any external company ceases to have a place of business in the Republic, it shall forthwith give notice of that fact to the Registrar.

(2) If the Registrar has reasonable cause to believe that an external company has ceased to have a place of business in the Republic, he shall send by certified post to the company at its postal address and at the address of its registered office, to the person authorized to accept service on its behalf and to its auditor, letters requiring details of its said place of business, if any.

[Sub-s. (2) substituted by s. 25 (*a*) of Act No. 59 of 1978.]

(3) If the Registrar does not within one month of sending the letters receive any answer thereto or if he receives an answer to the effect that the company has ceased to have a place of business in the Republic, he may publish in the *Gazette* and may by certified post send to the company at its postal address and at the address of its registered office, to the person authorized to accept service on its behalf and to its auditor, a notice to the effect that at the expiration of a period of two months from the date of that notice the said company will, unless good cause is shown to the contrary, be deregistered.

[Sub-s. (3) substituted by s. 25 (*b*) of Act No. 59 of 1978.]

(4) At the expiration of the period of two months mentioned in any notice referred to in subsection (3) or upon receipt from any external company of a notice contemplated in subsection (1), the Registrar may, unless goods cause to the contrary has been shown by the company, deregister the company and shall, if he so deregisters the company, give notice to that effect in the *Gazette* and the date of the publication of such notice in the *Gazette* shall be deemed to be the date of deregistration: Provided that the liability (if any) of every director, officer and member of the company shall continue and may be enforced as if the company had not been deregistered.

[Sub-s. (4) added by s. 25 (*c*) of Act No. 59 of 1978.]

333. Offences in respect of external companies.—(1) Any company incorporated outside the Republic which establishes a place of business in the Republic without complying with the requirements of section 322 (1), and every director, officer or agent of that company, shall be guilty of an offence.

(2) Every external company which and every director and officer of such company who fails to comply with any requirement of section 325, 326, 327, 328, 329, 330 or 331, shall be guilty of an offence.

Help stamp out TB, employers urged

IN spite of efforts in immunisation, there are 50 000 new cases of tuberculosis in South Africa each year, according to the South African National Tuberculosis Association.

SANTA has launched an appeal for people to help in wiping out the disease.

A spokesman for the association said poverty, poor nutrition and overcrowding were the major causes of the disease, and appealed to employers to pay wages that would allow their employees to maintain reasonable standards of living.

Wherever possible, employers should also attempt to improve housing conditions of workers.

He said canteens or feeding schemes for workers were another way employers could help combat tuberculosis. Employers could benefit from these schemes by increased productivity and a healthy and contented labour force.

shrinks toward zero as the number of consumer-shareholders becomes very large [Hart 1978]. Then shareholders again would unanimously support value-maximization as the goal of the firm.

1.2.4 Other Applications

In this Part 1 we have provided a relatively extensive treatment of insurance; under that heading we have been able to expound and illustrate, in rather simple format, most of the basic ideas of modern uncertainty theory.

(Of course, we have scarcely been able to [illegible] ients

DD 22/12/79

Wood smoke may affect lungs

CAPE TOWN — Prolonged exposure to wood smoke may cause changes in the lungs which on X-rays appear similar to those caused by pulmonary tuberculosis, according to Dr A. D. Ferguson, associate professor in medicine at the University of Cape Town and head of the respiratory unit at Groote Schuur hospital.

Only by performing a biopsy could doctors exclude the possibility of TB, although this may co-exist in affected lungs.

"As many of our patients come from Transkei we had to look at the environment in which they live. We know that all of them live in small, badly ventilated dwellings, with indoor fireplaces and no chimneys.

"From the available evidence we deduced that the carbon deposits in the lungs come from this source," Dr Ferguson said.

Dr Ferguson said the same conditions appeared in certain rural Coloured communities, especially among the poorer families.

He said the carbon deposits from wood smoke did not appear to cause functional changes or disability in the lungs, nor was there any increase in the incidence of lung cancer or tuberculosis which was directly attributable to "hut lung."

However, affected lungs could be more prone to infections, and bronchitis could occur in individuals, especially if they were cigarette or pipe smokers as well.

He also said there was no danger that people who have the occasional open fire in their houses during cold weather would develop "hut lung." Exposure to wood smoke has to be constant over a period of years for the condition to develop. — DDC.

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972,

[illegible] Modigliani and Miller 1958, Lintner 1962, Hirshleifer 1966, Fama and Miller 1972, Ch. 4]; (5) optimal behavior and equilibrium with respect to accidents [Vickrey 1968, Calabresi 1970, Baumol 1972, Diamond 1974]; the "value of life" appropriate for risk-taking decisions [Mishan 1971, Thaler and Rosen 1975, Conley 1976, Schelling 1968, Jones-Lee 1976, Bergstrom 1974]; and (6) choice of discount rate for public investment [Hirshleifer 1966, Arrow and Lind 1970, Sandmo 1972, Bailey and Jensen 1972, Mayshar 1977].

Hansard
4(204)
27/2/80

91

4(204) Tuberculosis 27.2.80 (91)

*6. Mr. N. B. WOOD asked the Minister of Health:

How many deaths due to tuberculosis occurred in the Republic during 1979?

†The MINISTER OF HEALTH:

91

Hang

Hansard 7 Quest. Col. 381

17/3/80

91

(3s) Tuberculosis 17/3/80

Mr. H. E. J. VAN RENSBURG asked the Minister of Health: 4

(1) How many new cases of tuberculosis among (a) Whites and (b) Blacks were reported in the (i) Randburg and (ii) Sandton municipal area in 1979;

(2) what was the total number of (a) White and (b) Black tuberculosis

cases treated in the (i) Randburg and (ii) Sandton municipal areas in 1979?

The MINISTER OF HEALTH:

(1) (a) (i) Nil

(ii) 5

(b) (i) 10

(ii) 87

(2) (a) (i) 1

(ii) 10

(b) (i) 26

(ii) 147

Hansard 10 Qes Cd 630/631 28/4/80

9/

10(650) 23/4/80 Tuberculosis

206. Mr. N. B. WOOD asked the Minister of Health, Welfare and Pensions:

(1) What are the statistics in respect of the incidence of tuberculosis for each (a)

f. 10

that the imposed displacements are not necessarily zero. A displacement constraint is a point on the structure where the magnitude of a generalised displacement component is specified. It

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5.11 Gl

In Sectic formed configuration of the initially took to be the x-y plane. We shall equences of relaxing this assumptio rm quite arbitrarily, although the displ

We know th escribe the displacement of a generic the rotation of the cross- section on troduce a displacement vector $\underline{u}(x)$ the use of a rotation vector is justifie ire small) where in the local coord

$$\underline{u}(x) \quad (5.58a)$$

$$\underline{\theta}(x) \quad (5.58b)$$

The componen

631 WEDNESDAY, 23 APRIL 1980 632

province and (b) Black state for the latest year for which figures are available;

(2) what is the cost per day in respect of (a) hospitalization and (b) out-patient treatment of tuberculosis patients?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(1) (a)

Cape	15 907
Natal	4 436
Orange Free State	3 046
Transvaal	15 299
Total	38 688

(b)

Ciskei	1 499
Gazankulu	290
Kwazulu	2 464
Lebowa	1 236
Qwa-Qwa	169
Kangwane	652
Total	6 310

(2) (a) Cost per day during the financial year 1978/79—R12,52.

(b) According to the budgeting and accounting system practised by the Department it is not possible to identify the cost per day in respect of out-patients. The estimated cost per out-patient visit is R2,50.

Tuberculosis

423. Mr. H. E. J. VAN RENSBURG Asked the Minister of Health, Welfare and Pensions:

How many (a) White and (b) Black persons died of tuberculosis in the (i) Randburg and (ii) Sandton areas during 1979?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(a) (i) Nil

(ii) Nil

(b) (i) 3

(ii) Nil

Some facts on that TB patients article

Post p 10/3/80 (91)

LETTERS TO THE EDITOR

SIR — The front page article under the banner headline "TB patients ill-fed but flowers bloom" in POST, February 11, was read with considerable dismay and concern by staff and patients at the Charles Hurwitz Santa centre, Baragwanath, the members of Santa (Johannesburg branch) who administer the centre and the members of the national body of Santa under whose aegis the fight against TB in this country is waged.

The members of the executive committee are well aware of the high esteem in which you personally are held in the community and of your interest in the welfare of all your fellow human beings.

To stress the urgency of the matter, I append an annexure refuting the alleged complaints of patients.

The article begins with two highly questionable, if not defamatory statements, which are not covered by the phrase "Patients claimed".

The first paragraph boldly states that patients sleep in bug ridden wards and get no adequate food. In all the years of operation there has never been a complaint of bug infestation in the wards. It seems somewhat strange that after some 21 000 patients have passed through the centre in twenty years and have never complained of bug infestation, your reporter suddenly announces that the wards are "bug ridden". We certainly do admit that often patients come to the centre and on arrival are found to be infested with lice. Immediately prior to admission, proper steps are taken to de-louse them and to ensure that re-infestation does not recur.

We do hope that your reporter is able to bear out her unqualified statement in this regard by appropriate facts and figures and is not merely stating as fact, what is her personal opinion. If the latter is the case, we feel that she would have been more circumspect in her phraseology.

The addendum to the above two statements — "while a flower garden flourishes in the yard" certainly cannot be glossed over without comment. You will appreciate that the infectious TB patient (who often does not feel very ill and sometimes indeed, feels quite fit) may be kept in hospital for a minimum period of three months as opposed to the normal surgical or medical hospital patient whose stay in hospital is measured in days.

Our executive committee has particularly stressed the importance of creating a pleasant environment for these patients by planting a garden as a contribution towards making the lengthly stay of the patients more pleasant and bearable.

It is true that the Charles Hurwitz Santa Centre is subsidised by the state, but it is administered and managed by Santa (Johannesburg Branch), a welfare organisation served most generously by a committee of honorary members who give of their own free time and expertise to run the centre and have instituted an on-going programme of material improvements to assist towards the comfort and improved health of those less fortunate than themselves.

When a person is diagnosed as having TB in an infectious form, it is often extremely difficult to persuade him to accept hospital treatment.

Having read your article and misguidedly accepted it as being the truth, patients might be persuaded to enter this hospital for treatment. It could mean that twenty years of effort in running this centre and curing patients, twenty years of constant health education of untrusting and often ignorant people, twenty years of solid public relations work in persuading people to accept treatment could now possibly have been set at nought.

I am sure that you will agree that a refutation of these alleged patients complaints must be made, if only to set at rest the doubts of those who might at some future date be hospitalised at the centre, following which, hundreds of infectious cases may refuse hospital treatment and will wander around infecting healthy people.

ANNEXURE

"Patients claimed —

They do gardening irrespective of their conditions and are paid R25 per month"

Patients are given work as occupational therapy, if any is available, only after a full month of treatment and after consultation with medical officers or matrons. They are paid on a daily basis of 7 hours work per day but in fact only work for 5 hours as they have medical treatment and afternoon rest periods which are not deducted from the total number of hours worked per day.

We must point out that the work is entirely voluntary and no-one is forced to work in the centre; as a matter of fact, we keep certain jobs available for patients for occupational therapy purposes and not to extract labour from them at minimal rates.

"THEY GET VEGETABLES ABOUT TWICE A WEEK"

The patients receive a vegetable every day, either cabbage, spinach, pumpkin, hubbard squash or beetroot. There are mixed vegetables in the soup, which is given every day whilst there are mixed vegetables in the stew provided three times a week.

"BECAUSE OF THE LONG QUEUES, ON SOME OCCASIONS FOOD RUNS OUT"

There is never a shortage of food due to long queues, or for any other reason. It has happened on such rare occasions as to be not worth mentioning that a particular dish might be finished before the last ten or eleven patients have been served. But to suggest that those ten patients go hungry on that account is contemptible.

They are asked if they would wait a while and something else is immediately cooked for them. Kitchen staff have the strictest instructions never to leave a patient at the end of a queue without food.

"LINEN IS CHANGED ONCE A WEEK. THIS ALSO APPLIES TO SHIRTS WHICH ALSO SERVE AS PYJAMAS AT NIGHT"

Linen of the nursery wards is changed daily whilst linen for all patients from acute and juvenile wards is changed three times a week. The linen from the other wards — all housing ambulatory patients, who are in a position to maintain personal cleanliness, is changed once a week. Boiler suits are supplied to the patients for day-time use, chemises are supplied for night use only and are not supposed to be worn by the patients during the day.

"THERE IS SOMETIMES A SHORTAGE OF PILLS. THERE IS NO SUPERVISION ON WHETHER PATIENTS TAKE PILLS REGULARLY"

Allegations under these two headings is simply not true.

"Three wards each with about 44 patients use six wash basins and four toilets. "This means about 22 patients queue for one basin and 33 for one toilet a day."

There are six wash basins, four toilets and one urinal (accommodating six patients at a time) as well as three baths and two showers for every two wards and not three wards as your article states. The true facts, therefore, make nonsense of the arithmetic as to the number of patients "queuing" for the facilities.

We have also in four of the wards added outside toilets and wash basins so that patients who are outside during the day, do not have to go through the wards to use the toilets.

"Out of a number of doors in a ward, only two are in use. This the warden said was because of congestion. The two doors face the toilet".

Your report again is inaccurate. Three doors out of the six are open and with the windows open there is ample fresh air in the wards. Only one door faces the toilet — the other two face the outside. Indeed, if, as your article states, you have only two doors in a ward open and both face the toilet, then the only entrance to the ward would be through the toilet. Such hasty and in-accurate reporting must inevitably lead to this sort of absurd conclusion.

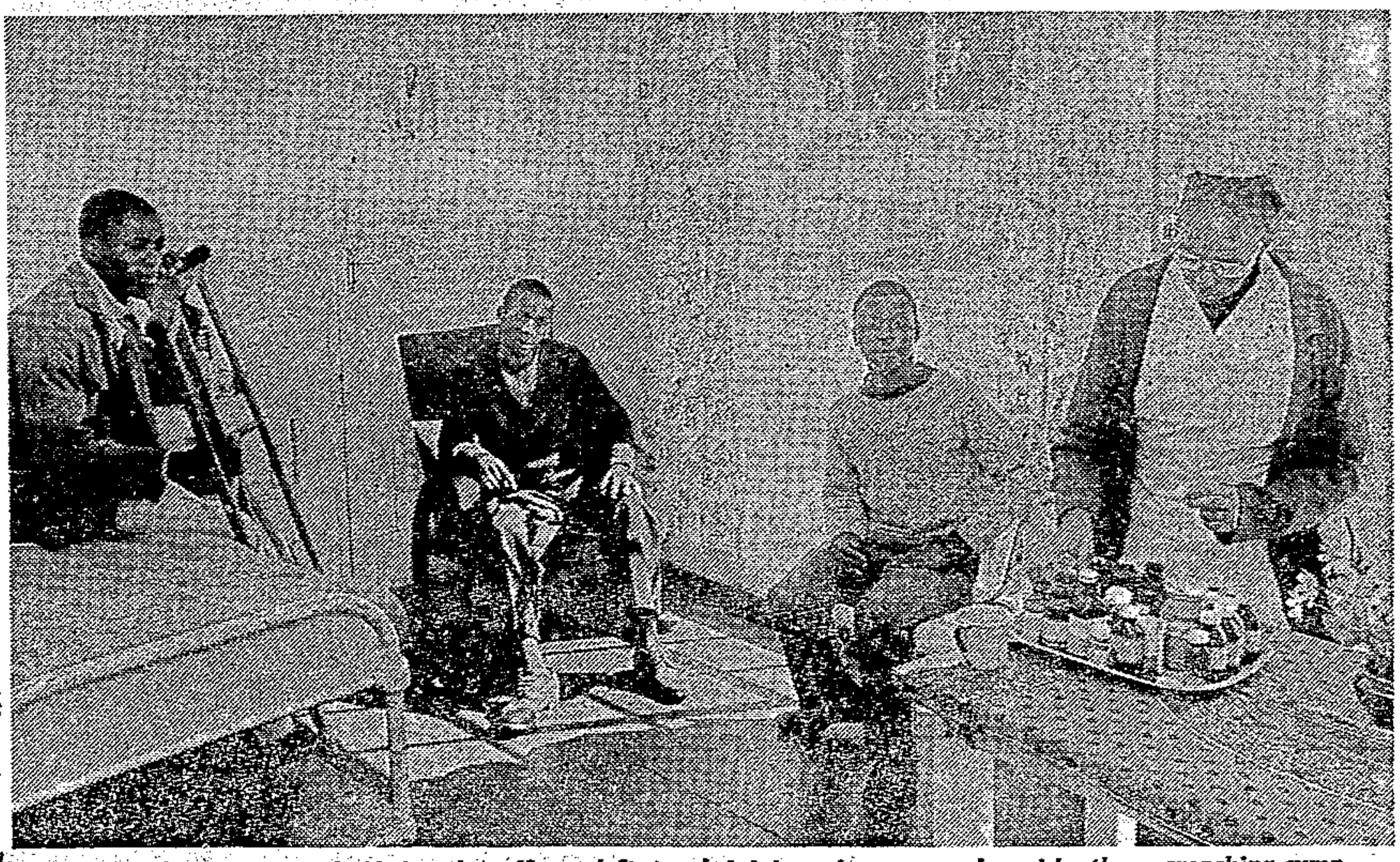
DR HILLIARD S HURWITZ,
Santa.

STAR 30/4/80

(91)

HEALTH

One day that



Atherstone, Peter and Christopher (from left to right) have been so weakened by the encroaching symptoms of tuberculosis, it has taken weeks of hospital care for medication to take effect. But if the men return to their former way of living, they will become ill again. And if no medication is taken, they can eventually die from the strange illness.

JOSIE BROUARD brings the tuberculosis scene up to date

Within a matter of hours of Harry breathing in one germ, it grew to five million. Harry had contracted TB.

There were thousands like Harry in South Africa. In fact, half of South Africa's population had dormant TB cells in its bloodstream, said Santa's director of planning, Dr W Wright, this week.

But no one knew if — or when — the dormant virus would awake.

Ignorance of what TB was all about was the reason why so many people still suffered from it today, Dr Wright said. He added:

"At any one time in South Africa, there are at least 100 000 cases of people needing TB treatment."

"Most people think TB attacks the lungs, and they are right — 98 percent of the time. But TB can also attack the spine, the glands, the bones and the brain," Dr Wright said.

Death was frequently the result of tuberculosis of the brain.

"Malnutrition, bad living conditions and stress were the major predisposing factors of TB," Dr Wright said. All three factors abound among black people in South Africa.

Dr Wright said the greatest recorded number of TB cases — and fatalities — occurred in Great Britain at the time of the Industrial Revolution when stress, crowded conditions and impoverishment were serious social problems.

No cure existed for tuberculosis 25 years ago. A patient simply had to rest, eat properly and finally, if necessary, have the infected lung removed by surgery. This was often hazardous, Dr Wright said.

Today the illness had been stamped out in Europe. South African health authorities were trying to do the same here.

Dr Wright said years of research had produced a combination of a dozen different drugs which inhibited the infection within five days, while children less than six months old had to be inoculated by law against TB as a preventive measure.

The TB germ, known as the mycobacterium tubercle, could lie dormant for a lifetime.

However, a person was likely to become sick if subjected to certain living conditions, such as a poor diet, Dr Wright said.

And then the coughing started. A person's health generally deteriorated with a patient experiencing lethargy, wheezing, loss of appetite and loss of weight, Dr Wright said.

It was not a frightening disease but people once died from TB because no medication was known to stop a person languishing away, Dr Wright said.

He said a person today did not need to stop working if the illness was caught in the early stages.

But because patients discontinued prescribed courses of treatment as soon as they started feeling better, many became ill again, Dr Wright said.

A person who showed signs of the following symptoms, should have X-rays taken for TB:

- A persistent cough (adults cough up blood)
- Weight loss
- Loss of appetite
- Chest pains
- Feverishness
- Perspiration at night

There were still hundreds of people who did not know they had TB and who died without ever having been diagnosed as having the illness, Dr Wright said.

Many cases unreported

STAR
30/4/80
(91)

● At any one time in South Africa there are 100 000 to 150 000 who are ill with TB.

● TB is not painful, but severely discomforting in later stages of the illness.

● People with tuberculosis 30 years ago were isolated for several years. Today you can mix and work freely.

● A TB patient can sneeze a TB germ into a healthy person's system and the person will not necessarily contract TB.

● TB is not infectious unless the person with the disease is not under treatment.

● One of the biggest problems in stamping out TB is that hundreds of cases go unreported each year.

● Alcoholism and excessive cigarette-smoking do not cause TB, but help to lower the body's resistance to the disease.

● TB killed 70 out of every 100 patients just 35 years ago, but since a cure was found, deaths have dropped dramatically.

STAR 30/4/80 (91)

HEALTH

cell may awake



atients who are slowly regaining the strength that TB saps from them can volunteer to work in the hospital's therapeutic centre for a small payment. Many make and repair their own shoes and clothes while under hospital treatment.



Female patients at Santa's East Rand hospital even have a beautician at their disposal as they slowly begin to regain interest in life. After the lethargic weakness they suffered at the hands of the tuberculosis virus, it's all a lot of fun.

New centre starts TB courses

Only five percent of the R25-million a year spent on tuberculosis services is used for preventive measures. But now an intensive education programme plans to change all that.

Last week the South African National Tuberculosis Association launched a new training centre scheme at its largest TB hospital, at Modder B on the East Rand.

The centre has been established to train people as health information officers. These officers will later travel around the country to teach people about tuberculosis.

The need to prevent tuberculosis had become an urgent priority in the education of the public, Santa director of planning, Dr W Wright, said.

For this reason, Santa, with the co-operation of the Department of Health and the SA Christmas Stamp Fund, had started a three-monthly course for teachers, social workers and other interested people to learn the full story about TB.

The first group of trainees who will participate in the course arrived at the 600-bed Modder B hospital a few days ago. A new training centre is being built there.

Patients at the East Rand Hospital were encouraged as part of their treatment to regain their health by participating where possible in various activities. Dr Wright said few patients are bed-ridden.

There is a lot to do at the hospital, including arts and crafts and handwork at the therapy workshop; sport and recreation.

A beautician and sports organiser are on duty full-time; there is also a kindergarten and primary school on the premises.

The South African Christmas Stamp Fund Health Education Training Centre was an addition to the hospital which would extend significantly the services to tuberculosis patients, Dr Wright said.

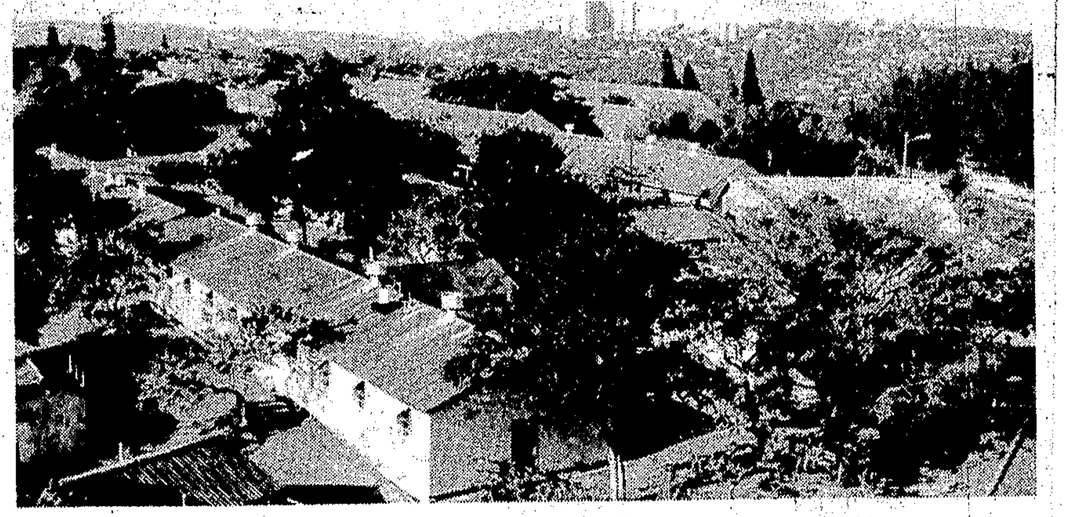
(91)

KING GEORGE V HOSPITAL



DURBAN Round Table No 2 have put thousands of rands into play equipment now installed throughout the hospital grounds.

Colossus in the fight against the scourge of TB



THE section of the rambling hospital that few people see — the long rows of low buildings, hardly visible from the road, that date from World War II.

Bill Faill, Science Correspondent

PROMINENT on the Springfield skyline is the six-storey brick building we all know as King George V Hospital.

Most of us just think about it as the TB hospital and there our knowledge ends. Yet a recent visit there convinced me that it was a most remarkable place — in fact, quite a colossus of the Southern Hemisphere.

To start with, it is the biggest TB hospital south of the equator anywhere in the world and far more extensive than the brick building suggests. With about 1 100 staff, it is the largest state hospital in South Africa. Over 5 000 patients were admitted in 1979, and almost as many discharged.

Nearly 3 000 full scale operations were carried out last year, including over 700 for cancer of the oesophagus and lung. King George V has all the features of any big modern hospital.

And such facilities are necessary to deal with tuberculosis in the many forms it can take, affecting bones, skulls, limbs and lungs to name a few. The disease is the biggest health problem in South Africa. The statistics tell the story.

In 1973, 56 845 cases were notified. By 1975, this had risen to 64 260. By 1978, there was a seeming improvement — cases were down to 44 311. But these bare figures mask complexities. The increase in cases in 1975 was probably due to greater vigilance in searching them out. The drop in 1978 was at least partially due to a change in the method of notification, which is now required only with active proved cases.

And behind all this is the known fact that for every notified case there are three more at large in the community, spreading infection. This adds up to about 150 000 cases of TB, bringing the total to around the 200 000 mark.

Yet there is no doubt that the relative situation over TB is improving. Notifications — and admissions to King George V — have remained fairly steady over the years, although population is increasing by leaps and bounds.

Much of this country's TB is treated on an out-patient basis, and most of those who are admitted to King George V, having been referred there by doctors or clin-



SENIOR medical superintendent Dr D J Swart (left) and chief matron Mrs L M Cremer with a group of student nurses. Health education is regarded as very important in the fight against TB.



KING GEORGE V was the first hospital in the world to treat mothers and babies in the same ward.

ics, are very ill indeed. About one in ten of them die, almost always within a month of arriving at the hospital. But for those who survive, the prognosis is good — 99 percent of them recover.

Which is pretty good, considering that the hospital takes only the most advanced cases. The others go to the Friends of the Sick Association, or settlements like that at Botha's Hill.

There are some inovative features about King George V. It was the first hospital in the world to treat mothers and babies in the same ward. In this way the baby can be breast-fed and mothered.

There is no danger of a healthy baby contracting T B. As the staff at the hospital put it, once patients are under treatment, there is less chance of catching T B in the hospital than there is on a bus.

If a baby is found to have T B while the mother is free of it, then the latter stays at the hospital as a boarder. This approach is important, for the average length of stay at the hospital is about five months, a long time for a mother and her baby to be separated.

No expense is spared in tackling T B. Modern therapy for the disease is costly but that available in South Africa is the best in the world and subsidised 100 percent by the state.

What does the future hold for this major scourge of health which affects so many people in this country?

THE authorities are cautiously hopeful, and the graph of T B notifications over the years backs them up in this. It is now falling rapidly from its peak around 1960.

Without going into detail about the multi-pronged approaches to tackling the disease, the immunisation programmes and so on, the important thing is that we should all be conscious about T B. To this end, great emphasis is placed on health education at King George V. Students of all health-orientated disciplines are given lecture courses there.

There is a great pool of infection in the community and if this is to be eradicated we must all become far more aware than we are about tuberculosis.

1/05/80 (91)

TB patients desperately need help . . .

THE TB out-patients in Meadowlands and Diepkloof, Soweto, no longer receive food rations from their local clinics.

BY SINNAH KUNENE

This has been going on for more than five years in Meadowlands — and for more than seven years in Diepkloof clinics. The two clinics are under the Peri-Urban Board which provides primary health services and treatment for TB patients.

The Meadowlands clinic has about 1 000 TB patients (from the 10 zones including the Mzihlophe transit camp) and the Diepkloof clinic has about 900 who are on treatment.

The two clinics have registered with the South African National Tuberculosis Association, a voluntary organisation that looks after the TB patients. They have voluntary Care Groups which raise funds to help destitute patients. These are affiliated to Santa.

The secretary for the Meadowlands Santa Care Group, Mrs Susan Tekane, said they raised about R300 for their patients during Santa week. They held a rally where the local high school students and a local councillor, Mrs S Makume, participated.

Mrs Tekane said there are hundreds of destitute patients who depend on a feeding scheme to be able to recover from the illness. The money that was raised, she said, was hardly sufficient for 100 patients.

The patients depend entirely on the group for help. Those who have been temporarily declared unfit for work, receive a monthly grant of R15 from Santa.

Applications for the grants are made by the local social worker and only patients with lodgers permits qualify for this grant.

Mrs Tekane said the patients desperately needed help from the community as they could not pay rent with these grants. Besides the Care Group did not get any subsidy from the Santa headquarters, she explained.

The Meadowlands Care Group which has 14 committee members, have many responsibilities they can no longer cope with. Heads of families (some of their patients) refuse to be hospitalised because of fear of losing their jobs or being evicted from their homes for failing to pay rent.

"If nobody ever cares to see to it that the TB patients get better treatment, socially and otherwise, the whole community will be affected," Mrs Tekane warned.

She spoke of severe cases which she had met during her visits at the overcrowded transit camp.

Mrs Tekane said she had met many people who were in dire financial problems and who were unaware that they had touches of TB.

"A feeding scheme is a necessity at the camp," she said.

A member of the Diepkloof Care Group (who did not want to be identified) said that until 1973, the Diepkloof patients received their food rations from the South African Girl Guides.

The ration, however, was only sufficient for a selected few. She said the patients were offered rent remission until they were declared fit for work. This was settled by the local superintendent after an application had been made by the local clinic or social worker, she added.

She said, however, that the rent remissions were also of no help as applications could take up to a year without a reply from the superintendents.

The public relations officer for Santa, Ms Julia van Heerden, confirmed that the out-patients did not receive funds from the organisation (apart from those who were entitled to the Santa grant). She said these patients were being looked after by the Care Groups — who had to raise funds for Santa.

She said that Santa was basically a voluntary organisation which embarked on national health education projects. The body has national donors, she said.

The Deputy Senior Medical Officer of Health for the Peri-Urban Board, Dr L M Wessels, told **POST Woman** that the two clinics and the Alexandra Clinic fell under the board. He admitted that they do not have a feeding scheme. "It was stopped for some reason," was his explanation.

He said the board was only concerned with medical treatment and they had about 5 000 TB cases on treatment at present. These are from all over the Transvaal.

Dr Wessels promised to visit the clinics this week. He also admitted that the feeding scheme was a necessity. He said they have about 2 000 new cases every year, but hoped that the health education programmes would ultimately succeed in reducing the number.



Mrs Susan Tekane, secretary of the Meadowlands Santa Care Group.



Hospitalised TB patients at Santa near Baragwanath Hospital.

24/7/80 ARGUS. 9

Deprivation 'promotes TB' in Cape Town

TUBERCULOSIS was the greatest single communicable disease problem in Cape Town and would remain so while large sections of the population suffered deprivation, according to the city's Medical Officer of Health, Dr R J Coogan.

In his annual report, Dr Coogan said notifications of TB — which is a major cause of death in blacks and to a lesser extent in coloureds — increased from 2 058 in 1978 to 2 295 in 1979. Of the total, 53,5 percent came from the black townships of Langa and Guguletu.

Dr Coogan said that in spite of major efforts at controlling the disease, it would remain a problem 'so long as sections of the population remain exposed to infection and to the effects of malnutrition, overcrowding, ignorance, cultural apathy and general socio-economic deprivation.'

'The infectious pool is continually being renewed by the migrant labour force entering Cape Town from the homelands and without the abolition of the migrant labour system it is difficult to envisage how this situation can be improved,' said Dr Coogan.

He said that until the socio-economic status of the 'depressed classes' of Cape Town was improved, particularly in respect of housing and nutrition, concerned health officials must continue to strive to secure such relief.

'Drought plus removals add to horrifying picture

The ravages of the current drought in many parts of South Africa had jolted people into realising that serious malnutrition had existed for a long time, Dr Selma Browde, Johannesburg City Councillor, said today.

Addressing the inaugural meeting of the Operation Hunger campaign, Dr Browde said: "The effect of the drought — coupled with the (forced) removals of people from one area to another and the thousands of people endorsed out of cities being unable to find work in rural areas and unable to subsist on the land — adds up to a horrifying picture."

Dr Browde said statistics on the causes of death among South Africans showed that whites died mainly of diseases related to over-eating, while blacks died mainly of diseases related to malnutrition.

Malnutrition was not in the main caused by inadequate food production nor by the population explosion, Dr Browde said. Black people were prevented by circumstance from producing enough food for their needs and their cash income was often inadequate to buy enough of the food there was.

She attacked the export of food to other countries in Africa when there were so many hungry South Africans.

The 1976 figures showed that the infant death rate among rural black South Africans was the highest in the world — worse than Botswana, Zaire and Niger.

The situation demanded massive Government intervention, changes in the system of migratory labour and an end to forced removals.

But in the meantime more privileged South Africans should do as much as they could, however small their efforts might be, to help those suffering from hunger.

● Page 6 — R5 000 for Operation Hunger.

The grim plight of Johannes Mhlongo

Where death is a way of life

Mercury Reporter

DEATH has become a way of life in Northern Natal and Zululand as the drought drags into its 12 th month.

When the Mercury visited the Kranskop area, the story was clear — the people had resigned themselves to the idea that they were alone in their fight against thirst and starvation.

Cunning

With nearly all their cattle dead, the residents, living in tiny huts on hillsides, have no one to turn to. They have only cunning and initiative as means of survival until nature lets up her onslaught on their simple way of life.

Said Mr Johannes Mhlongo, who used to draw his water from a windmill near his house: 'It is not easy.

'It is not only the cattle; we will be next. No one seems to be concerned — because every time we ask for help from the KwaZulu Government we are told to write or telephone the authorities. We are simple people, can't they see our plight?'

Now his family has to walk 13 km to get water.

Mr Mhlongo used to work at the cattle dipping plant near his home in Kwa Ngcolosi. But he has no work now as the dipping plant had to close six months ago because of insufficient water.

There have been no dippings since then. And, as Mr Mhlongo says, in merely a month there will be no cattle at all.

Rotting

As if to prove his point, he took us to what used to be an island in the rapidly subsiding Tugela River.

It smelt of death and rotting flesh and was strewn with the remains



MISS Elizabeth Mhlongo attends to a starving cow. 'We have lost so many, this is part of our everyday life,' she says.

. . . and while thousands go hungry

UNIVERSITY OF CAPE TOWN
EXAMINATION ANSWER BOOK

Number of books handed in | 3

All answer books must be numbered

The Star

Famine in the midst of plenty

THOSE were appalling figures given at the launch of Operation Hunger in Johannesburg yesterday. A quarter of the black babies in rural areas die of diseases related to malnutrition. The statistics at first sound like a calumny perpetrated by some lobby of the United Nations, but the information is backed by reputable South African medical sources. It should shock more fortunate South Africans out of their complacent belief that this country's blacks are better off than those in other parts of Africa. The South African measurement of its rural black infant mortality rate is higher than that supplied by most Third World countries (though perhaps the count is more accurate here).

Drought rather than policies is killing children at present. The public — especially in the Transvaal — has responded magnificently to appeals for aid for starving Zulus. More than R200 000 has been donated to one fund: 30 trucks of food are on their way. That will feed 225 000 people for a week — far short of the requirements for survival; shorter still of the needs to reduce that dreadful mortality rate. Aid is needed on a scale that is beyond the pockets of the most generous individual donors.

Propagandists have been having a field day pointing to the strength of the South African economy. Last week it was predicted that the Treasury would have a bonus of R1 000-million from mining profits and the economic boom. There could be no better cause, or investment in the future, than to use more of those profits to relieve the misery of starvation.

GENERAL NEWS



The Star's picture that touched readers' hearts.

The fortunate rally to kwaZulu's aid

STAR 14/8/80.



By Mike Derry

Contributions to relieve the desperate plight of the inhabitants of the drought-stricken kwaZulu area are pouring in.

Articles and pictures in The Star reporting the plight of farmers and cattle in the dry and arid homeland resulted in hundreds of calls to The Star from people wanting to help.

"We have been inundated with calls in the past couple of weeks since the articles appeared in The Star, so much so we have hardly been able to cope," said Mrs Inka Mars, vice-chairman of the Red Cross in Natal, who is co-ordinating relief work to the homeland on behalf of The Star.

Donations of food, cattle fodder and water are being rallied and trucked into the area as companies and relief organisations all over the country react to reports of the situation in the area.

The relief operation moved into high gear at the weekend as the first three railway wagons of a planned 30-wagon food train began taking enriched maize meal into kwaZulu.

The train will take a total of 480 tons of meal, worth about R105 000, into the area. The meal has been paid for by a group of Transvaal companies moved by the plight of kwaZulu's people.

The food will be enough to feed a quarter of a million of kwaZulu's starving tribesmen for a week.

Service clubs rallying to the aid of kwaZulu have gathered tons of food to send into the area.

The Rotary Club has collected two tons of Pro-Nutro, which will be donated to the Bethesda Hospital in Uvombo.

Imqualife, an established food relief scheme, is also collecting and making donations which will be sent to the Charles Johnson Memorial Hospital at Nqutu.

Afgate has donated a railway truck of cattle fodder, consisting of 100 bags of stripped mealies.

Representatives from a wide range of women's and church organisations yesterday pledged their support for Operation Hunger — the "crisis intervention" programme launched by the Institute of Race Relations and the Hunger Concern Programme.

Apart from co-ordinating relief work, Operation Hunger will begin self-help projects and plan ways of creating work and food-growing opportunities

Growing concern over malnutrition

Newly-collated figures on the long-term malnutrition crisis in South Africa are adding to concern about the current drought.

Researchers for the SA Institute of Race Relations — which yesterday launched the Operation Hunger campaign — have noted that a study last year showed that death rates for black children between one and four years are 13 times as high as that for white children in the same age group.

"Country-wide the collective forces of prolonged drought, resettleme schemes, inflation a widespread unemployme have brought about creasing mortality throu malnutrition and, mo particularly, malnutritic related diseases," researchers said.

The majority of deat among black people curred among childr under five years, resear showed. Deaths of bla infants under one ye were six times as high for whites.

Malnutrition serious affects mental and phys cal development, researchers said.

Hunger in KwaZulu

S. POST 17/8/80

Now famine threatens the people of this drought-stricken area

SUNDAY POST's Durban Correspondent

THE crippling drought in KwaZulu, described by local residents as the worst in living memory, has plunged the territory into a crisis of frightening proportions.

At first it was merely a case of the usual rainfall not falling according to prediction, but soon crops started failing and animals lost weight drastically and started dying.

All these factors had a devastating effect on the largely peasant population of this non-independent homeland, but now a more chilling possibility is emerging — large-scale famine as the last of the previous year's crop is devoured by a nation on the brink of starvation.

A relief fund is now helping to keep the inevitable at bay, but in the long term adequate planning and control of KwaZulu's natural asset — its agricultural potential — will be essential to avoid a repetition of the crisis.

Cold statistics give little indication of the story of misery and deprivation applicable to virtually every kraal which dots the arid KwaZulu landscape, but they help to put the crisis into perspective.

In parts of KwaZulu, no rain has fallen for more than a year and in others the year has produced no more than 150 millimetres. The average is 600 millimetres.

Crops have failed in KwaZulu before, but in areas where crops usually flourish if good rains fall, the veld is barren of any cover at all.

Vast tracts of land are now, as one official in KwaZulu admitted, "as bare as a tennis court".

This does not augur well for the time when the rains come. Tons of valuable top soil will inevitably be washed away.

All but the most bountiful watering places have dried up, with the result that the territory's large herd of cattle have been dropping like ninepins, tearing further the shattered morale of the people.

In the year ending March 1980 more than 97 000 head of cattle in KwaZulu perished. Since the beginning of April this year alone, more than 21 000 head have died.

As part of the emergency measures initiated by the KwaZulu Government, 300 new boreholes have been sunk, but without the rains to feed the underground streams, the water table in the area is dropping alarmingly.

For the people of KwaZulu, now using up the last of the crops they reaped last year, the critical water shortage means daily treks of several kilometres in most cases to fetch daily supplies.

Malnutrition has always been a problem in Kwa-

udes towards problems and people. The
the interviewer is from out of the
ion helps the interviewee to express his
freely, primarily because he is not afraid of
tions of the interviewer and of the possible
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ot always possible, however, to interview all
bers of the organization, and we therefore
se of questionnaires. Personal interviews
eral organizational members serve as a basis
preparation of an "attitudes questionnaire".
titudes questionnaire is subsequently dis-
to all members of the organization. The
naire does not serve for probing in
the feelings of people, but is a more
tive technique, striving at a much more
tic and wide coverage of the organization.
ople, who are requested to respond to the
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s will be kept secret, i.e. that individual
will not be disclosed to any other member
rganization, or that the identity of the
nts will not be made public. The questions
ally prepared in such a way that a respon-
choose one out of several pre-established
to a question. Following are two examples

HECK THE CATEGORY WHICH MOST NEARLY
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OLLOWING QUESTIONS:
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4.8 *Fission and Fusion*

In the stable nuclei the nuclear binding energy B_{Az} increases as the nucleon number A increases. To show the rate of increase we plot the ratio (B_{Az}/A) versus A in fig. 22. The ratio is approximately constant and reaches a maximum of ~8 MeV nucleon^{-1} for "medium" nuclei ($A \approx 40$-120). The lower values for light nuclei can be attributed to enhanced 'nuclear surface tension'. The lower values for heavy nuclei ($A \gtrsim 120$) can be attributed to the enhanced Coulomb repulsion of the protons in these nuclei.

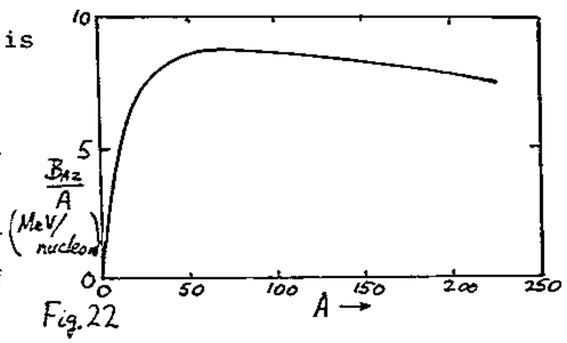

Fig. 22

If we fuse light ($A \lesssim 10$) nuclei into *medium* nuclei or if we split (fission) heavy ($A \gtrsim 200$) nuclei into *medium* nuclei our final system will therefore be more tightly bound than the initial system (fig.22). In other words, there will be a further release of energy (like latent heat) which will be *liberated* as the kinetic energy of the reaction products. In order to produce fusion one or both of the initial nuclei must have sufficient energy to overcome their mutual Coulomb repulsion, so as to reduce the nuclear separation to within the range of the nuclear force. Fission occurs spontaneously in some very heavy nuclei and is thus a form of radioactivity in these cases. It may also be induced as a nuclear reaction, for example by bombarding a heavy nucleus such as ^{235}U with neutrons (fig. 23). The product nuclei (fission fragments) produced exhibit a range of A values, average $A \approx 117$, are initially highly excited and are usually unstable in their

5. *Interactions and Measurements of Nuclear Radiations*

We consider only radiations (particles) having kinetic energies in the energy range (between ~ 0.1 MeV and a few × 10 MeV) typical of nuclear physics. The interactions of these radiations with matter are basic to many phenomena and to many aspects of nuclear technology. Examples are the detection of nuclear radiation, the design of radiation shielding and the assessment of radiation dose.

5.1 *Interaction of radiation with matter*

As a representative group of particles (radiations) we will consider the electron, proton, alpha particle, neutron and gamma photon (e, p, α, n, γ). Within these the charged particles form a natural group or subset which it is convenient to consider together.

(a) *Charged particles* (e.g. e, p and α) interact predominantly with the atomic electrons in matter. Their interactions with nuclei are extremely rare, in comparison, at the energies we are considering. The interactions lead to the ionization and electronic excitation of the atoms in matter in a process which can be viewed as a series of collisions between the incident particle (e, p or α) and the electrons of the absorber atoms. The particle loses kinetic energy in these processes and it will carry on losing energy until it is brought to rest (assuming that the absorbing medium is thick enough to completely stop the particle). The distance (thickness) required to bring the particle to rest is called the range of that particle (in that particular medium) at that particular incident energy.

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Shock Santa report on toll of TB

Science Reporter

A SHOCK annual report by the South African National Tuberculosis Association (Santa) records that while two TB cases out of three in Southern Africa are never notified, the illness accounts for more than 83 percent of all notifiable diseases and the R25-million a year which treatment costs the State is just a fraction of the real cost to the country.

The report, the 32nd since the inception of the SA National Tuberculosis Association, was released this week. It also warns that the organization has lost income and that its capital funds now represent barely one year's unsubsidized expenditure.

Assessing the R25-million annual budget by the Department of Health for the fight against TB, the report said this was "but a fraction of the total cost to the country, taking into account such factors as expenditure by local authorities and the black States and the huge loss of productive labour, human suffering, etc".

Surveys of Southern Africa, including independent and self-governing black States, indicated that there were three times as many cases as those officially notified at any given time..

"Thus, for every 50 000 cases of TB notified in a year, there are in fact approximately 150 000 actively-diseased or infected persons at that time."

A recent Santa newsletter said that in the Transkei the annual risk of infection was four percent and "any natural decrease in the disease is unlikely". The treatment coverage of all active disease was "not more than 20 percent", or one sufferer in five.

The annual report warned that existing control measures were not achieving a rapid reduction of the infector pool and TB would be a major health problem "for many years to come".

It added that Santa's operations had been complicated by the fact that the organization now had to cope with the policies of "no fewer than nine separate departments of health" and hoped that the emergence of RHOSA, the regional health organization for Southern Africa, would be effective in co-ordinating all the various efforts in the health field.

The annual balance sheet showed that expenditure had gone up R40 000 to R805 000, while income had dropped by R28 000 to R741 00, resulting in a deficit of R64 000 drawn from capital. The accumulated funds now stood at R840 000, representing "little more than the unsubsidized expenditure budgeted for the current year's operations".

"Tuberculosis, which is a highly-infectious disease, remains a very real danger and continues to be a serious problem in Southern Africa," the report said.

The Cape Times, Tuesday

16/9/80

Shock report on TB scourge

NATAL MERCURY 16/9/80 (91)

Mercury Correspondent

CAPE TOWN—A shock annual report by the South African National Tuberculosis Association (Santa) records that while two TB cases out of three in southern Africa are never notified, the illness accounts for over 83 percent of all notifiable diseases. The R25 million a year which treatment costs the State is only a fraction of the real cost to the country.

The report, released this week, also warned that the organisation has lost income and its capital funds now represented barely one year's unsubsidised expenditure.

Assessing the R25 million annual budget provided by the Department of Health, the report said that this was 'but a fraction of the total cost to the country, taking into account such factors as expenditure by local authorities and the black States and the huge loss of productive labour and human suffering'.

Surveys of southern Africa, including independent and self-governing black States, indicated that there were three times as many cases as those officially notified at any given time.

'Thus, for every 50 000 cases of TB notified in a year, there are in fact approximately 150 000 diseased or infected persons at that time.'

Warning

A recent Santa newsletter said that in Transkei the annual risk of infection was 4 percent and 'any natural decrease in the disease is unlikely'. The treatment coverage of all who had the 'active' disease was not more than 20 percent, or one sufferer in five.

The report warned that existing control measures were not achieving a rapid reduction of people infected and TB would be a major health problem 'for many years to come'.

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R25m spent on TB is only 'fraction' of the cost to SA

Own Correspondent

CAPE TOWN. — A report by the South African National Tuberculosis Association (Santa), records that while two TB cases out of three in Southern Africa are never notified, the illness accounts for over 83% of all notifiable diseases.

The report said the R25-million a year which is spent on treatment is only a fraction of the real cost to the country.

It also warns that the organisation has lost income, and its capital funds now represent barely one year's unsubsidised expenditure.

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"For every 50 000 cases of TB notified in a year, there are in fact about 150 000 actively diseased or infected persons at that time."

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"Tuberculosis, which is a highly infectious disease, remains a very real danger and continues to be a serious problem in Southern Africa," the report said.

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below:

Ranges of 1 MeV protons in different media (in mm)

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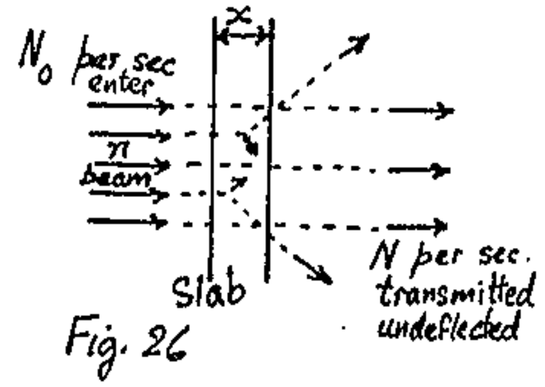

Fig. 26

single elastic collision with a proton. The maximum nuclear recoil energy E_{max} resulting from elastic scattering of neutrons (of mass m_n and energy E) on a nucleus of mass m_N is given by

$$E_{max} = 4m_n m_N E/(m_n+m_N)^2 \qquad \ldots\ldots (34)$$

Thus E_{max}/E is much smaller for heavy nuclei than for hydrogen.

(c) Gamma rays

The three most important effects in the interaction of gamma rays with matter are the photoelectric effect (described in section 2.1), the Compton effect (section 2.1,p.5) and pair production (section 2.3,p.8). Energy is transferred from the incident gamma photon to a photoelectron, a Compton electron or an electron-positron pair respectively. These charged secondary particles then interact with the medium as described in (a). As in the case of neutrons, the interaction of gammas with matter is a statistical process and is governed by an exponential absorption law of the form given by eq.(33) but with α representing the gamma ray absorption coefficient. This coefficient can, in turn be considered as the sum of components α_{PE}, α_C and α_{PP}, corresponding to the photo-, Compton and pair effects. Thus

$$\alpha = \alpha_{PE} + \alpha_C + \alpha_{PP} \qquad \ldots\ldots (35)$$

The absorption coefficients are largest for the heaviest elements (e.g. lead) and α_{PE} usually dominates for gamma energies below 0.5 MeV, α_{PP} for energies above $\sim$ 10 MeV and α_C for energies around 1 MeV.

A convenient measure for gamma interaction calculations is the half-thickness, analogous to the half-life in radioactivity. This is defined as the thickness $x_{\frac{1}{2}}$ of the particular medium required to reduce the fraction N/N_0 (eq.(33)) to one half for a particular gamma energy.

Thus $N/N_0 = \frac{1}{2} = \exp(-\alpha x_{\frac{1}{2}})$ $\qquad \ldots\ldots (36)$

Some values of $x_{\frac{1}{2}}$ are given below (in mm)

Energy	Lead	Concrete
1 MeV	9.0	47.0
5 MeV	14.5	100.0

force, although this would involve decreasing real wages over time. The necessary downward flexibility of wages may not be [illegible]onomy, though it is true that real African wag[illegible]sector stagnated between late 1976 and late 197[illegible]clined a little in 1979.

s may be gained from comparing employment
ruary 1979 and November 1979 according to
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GROWTH AND UNEMPLOYMENT, 1978 & 1979
(thousands)

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TB treatment

Restriction on drugs will lengthen

By Bob Kennaugh
Medical Correspondent

Two effective but expensive drugs used in tuberculosis treatment have been restricted by the Department of Health and Santa has described the move as a serious setback.

In a circular sent to all local authorities and centres of the SA National Tuberculosis Association (Santa) in the Southern Transvaal, a senior health official said: "It has unfortunately become necessary to suspend all further issues of rifampicin and ethambutol."

The drugs had been restricted for financial reasons. The official said in the circular that estimates for the drugs had originally been approved.

The department suggested that existing stocks should be used to complete the treatment of patients already using the drugs. Newly-diagnosed TB patients should be treated from a range of alternative drugs which were effective against the disease.

The official said the restriction of the drugs "arises from circumstances beyond the control of this office."

Johannesburg doctors and a Santa official reacted strongly to the announcement.

Mr C H Greathead, executive director of the association, said: "It is a serious setback. We are on the brink of taking steps to combat tuberculosis. We have every hope that the drugs will soon be available again."

A doctor commented: "Alternative drugs can be used but treatment will now have to be extended from nine months to 18 months and longer. There has been a lack of planning on the part of State health."

He said that this year the hospitals had been full of TB patients and the disease was still endemic.

The Star was told that Johannesburg had enough supplies of rifampicin and ethambutol to last for a short period. The drugs were being limited to TB sufferers who have had little or no previous treatment and to young people.

"The restriction of the drugs will definitely compound the TB problem," a doctor said.

A spokesman for the Department of Health said: "We are trying to do the best we can for patients with the facilities available."

DEPARTMENT OF BUSINESS SCIENCE

SEMESTER 2

EXPERIMENTAL DESIGN AND MODEL BUILDING.

Marketing models and simulation studies are playing an increasing role in marketing decision making. This course concentrates on construction of descriptive and predictive models, using regression techniques. Advertising/sales relationships in particular are studied in depth, using an existing data base to isolate and measure the effect of different promotional variables on sales. The successful completion of a model building project is mandatory for passing the course.

The appropriateness of ANOVA techniques for marketing problems is discussed, with special reference to the problems encountered when using these techniques in the commercial environment.

A familiarity with STATJOB and BMDP computer packages



Marius Barnard slams TB drug withdrawal

By Bob Kennaugh
Medical Correspondent

The official withdrawal of two effective but expensive drugs used in the treatment of tuberculosis was yesterday described by heart surgeon Dr Marius Barnard as disturbing.

Dr Barnard, PFP MP for Parktown, was reacting to the announcement that the drugs rifampicin and ethambutol had been restricted in the Southern Transvaal.

In a circular sent to all local authorities and centres of the National Tuberculosis Association in the area, a senior official said the drugs had been suspended for financial reasons.

Doctors fear the restrictions will seriously affect the cure rate of tens of thousands of TB sufferers.

Dr Barnard admitted that alternative drugs could be used but the two expensive drugs were of great help in some TB cases.

"The incidence of TB in South Africa is something we should not be proud of — any form of effective treatment cannot be too expensive. TB is most prevalent in the underprivileged population where there is a much bigger chance of infection spreading."

He added: "This policy of withholding drugs does not fit in with many other policies of the health authorities."

The surgeon added that it was well known that in spite of the means test, patients who had sufficient means or were members of a medical aid fund were admitted to provincial hospitals for treatment.

"Recently a spokesman for a provincial hospital disclosed that even Mr Harry Oppenheimer could be admitted to a provincial hospital," he said.

The hospital patients could receive treatment costing thousands of rands and their daily fee was nominal.

"What worries me is that this expensive hospital treatment is allowed quite often for very private people but essential TB drugs are restricted for the people who need it most," he said.

This anomaly was of particular concern. "It seems all wrong," he added.

Dr Barnard said he intended taking up the matter with the PFP caucus. "I will definitely raise it in Parliament," he concluded.

Govt clamp on drugs for TB upsets doctors

14/12/82 STAR 91

By Bob Kennaugh
Medical Correspondent

Tight medical budgeting by the Government has been blamed for the restriction in the Southern Transvaal of two effective but expensive drugs used in tuberculosis treatment.

Doctors fear the restriction of the drugs, rifampicin and ethambutol, will seriously affect the cure rate of tens of thousands of TB sufferers.

The move by the Department of Health has been described as a serious setback by Mr C H Greathead, executive director of the SA National Tuberculosis Association.

He said the association was on the brink of making progress in combatting the disease and he hoped the restricted drugs would be available soon.

In a circular to all local authorities and Santa centres in the Southern Transvaal region, the deputy regional director of health services in the area, said the drugs had to be suspended for financial reasons.

All further issues of the drugs had to be suspended "in an attempt to avoid exceeding the approved budget for TB drugs in the Southern Transvaal." The department suggested that alternative drugs should be used to treat newly-diagnosed patients.

EXPENSIVE

A Johannesburg doctor said: "Admittedly rifampicin is expensive but its cure rate is almost 100 percent and there are few relapses. With alternative drugs patients are not always completely cured. There is a breakdown in 15 to 30 percent of cases and treatment has to be restarted.

"If patients do not get the best treatment today the disease will continue to reactivate in future," he said.

The Star was told that, 18 months ago, doctors at hospitals under the control of the Department of Health were told they were entering a new era in the control of tuberculosis. But hopes were dashed when the Government cut back health budgets.

Doctors said over the past three or four years there had been a gradual increase in TB cases.

They said that although 50 000 TB cases were officially notified each year, there were about 80 000 to 100 000 more "hidden cases" — people who had actively developed TB but had not reported for treatment.

HEALTH AND DISEASE —

TUBERCULOSIS

18/1/81 — 28/10/81

Doctors threaten to defy bar on 'wonder' TB drug

S. Express 18/1/81

91

DOCTORS who treat tuberculosis patients are being forced into a conflict of ethics by the Department of Health's financial clampdown on the use of the two best TB drugs — and some say they will not heed the instructions in certain cases.

The implications of the widescale curbs on the use of Rifampicin and Ethambutol in the southern Transvaal were revealed by the Sunday Express a month ago. The curbs were imposed because the drugs are costly and the department hasn't the funds to pay for them.

This week a leading doctor told the newspaper that from an ethical point of view the decision had placed him "in a very bad spot".

He said that, considering the increased chances of relapse without Rifampicin, it was criminal for a child not to get Rifampicin. "Despite the expense, if anybody tries to stop me from giving the drug to a child I will not let him."

The Sunday Express also discovered that:

- The Department of Health, which has curbed the use of Rifampicin for budgetary reasons, as a longterm objective, actually wants to have ALL TB patients treated with this very drug because it is so effective!
- The Minister of Finance, Dr Owen Horwood, has been told of the situation and the Minister of Health is waiting to hear if more money will be made available to rectify matters.

Some experts the Sunday Express spoke to for the first report on the issue a month ago questioned whether the curbs on the two expensive drugs made any budget sense.

They pointed out that treatment with lesser drugs took twice as long and held a much greater risk of recurrence of the disease.

TB is widely regarded as South Africa's major health problem with about 10 000 people dying from it each year and 41 351 cases reported between January and November last year. Of these cases, 11 306 were in the southern Transvaal.

Treatment of TB without Rifampicin, which many doctors regard as a "wonder drug", takes up to twice as long and there is a relapse rate of about 10% of all treated patients. Relapses are very rare among patients who are treated with the drug.

Alternative drug combinations, using far cheaper drugs such as Streptomycin, Pyrazinamid, Isoniazid and Thiacetazone, are now being prescribed for patients.

The deputy Director of Preventive Services, Mr C J Visagie, re-emphasised that the instruction to stop the use of both drugs was not a decision taken in Pretoria.

The decision, he said, was taken after a circular distributed by the Department of Health called for money-saving measures and a more conservative usage of the two drugs which, the circular stated, were used "indiscriminately".

"The southern Transvaal matter has been put right," said Mr Visagie. "As far as we are concerned we have clearly indicated what we hoped to achieve with the circular, which was certainly not to axe the drugs, which is against department policy. We are satisfied that the interpretation of the circular is understood.

"We do not want to make an issue of any of our regional offices. Two wrongs do not make a right."

The Minister of Health, Dr Lapa Munnik, has defended the decision because, he said, he believed it was necessary to maintain financial discipline.

Dr Munnik said that although Rifampicin was an excellent drug, the occurrence of more cases of TB than was budgeted for had forced the clampdown.

He said he had brought the matter to the attention of the Minister of Finance, Dr Owen Horwood, last month and was hopeful that more money would be allocated for the treatment of TB.

EXPERTS CLAIM CURBS MAKE NO FINANCIAL SENSE



● The headline that exposed the bungle.

By DAVID COHEN

Osborn Prize
For the best work in fourth year.

D H Pryce Lewis

John Perry Prize
For the best work in third year.

R A van Rosenveld.

Hans 2 Qu, Tuberculosis 4/6/31

*2. Mr. N. B. WOOD asked the Minister of Health, Welfare and Pensions:

How many deaths due to tuberculosis occurred in the Republic during 1930?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

The reported number of deaths due to all forms of tuberculosis during 1930 in the Republic is 1 784.

FACULTY OF ENGINEERING

Corporation Medals
For the best student in each of the 2nd, 3rd and final years.

Second Year (Bronze Medal)

Miss G C Littlewort

Third Year (Silver Medal)

Miss N C Davidson

Fourth Year (Gold Medal)

P M Salmon
T J Cumming
D P Weeks
J H Rens
B F McCleland

Professor George Menzies Prize
Awarded on results of final examinations to the best male student in Land Surveying or Civil Engineering.

CHEMICAL

Sebe says TB fall'd
indictment against SA

MDANTSANE — The fact that tuberculosis was still rife among a certain section of the South African community was an indictment against those in power, Chief Minister Lennox Sebe said yesterday.

Opening the Nkqubela Chest Hospital here, Chief Sebe said South Africa was endowed with the means to exterminate TB and yet had fallen far behind the accepted norms of civilised concern for its less fortunate citizens.

"It is an international scandal with which we shall live for generations to come," he said.

"There is abundant sunshine here, copious amounts of milk and eggs, vast areas of land for housing, and an enormous wealth of mineral resources for exploitation.

"The failure to educate and train the human potential of black South Africans for 300 years is an unanswerable charge against those entrusted by the guardian of all life to look after his children."

Chief Sebe said there was no longer room for the disproportionate disparity of access to the benefits of the natural resources of the country.

"TB, like the present cholera epidemic, will teach us one day to share and share alike."

One should never write off a tubercuiotic, Chief Sebe said. Cecil Rhodes, who had come to South Africa to try to escape the ravages of a tuberculotic lung, had played a major part in the future of Southern Africa. He had pushed the British Government into wars of acquisition in the Transvaal and in Matabeleland, now Zimbabwe.

"Among our black patients there may be an Einstein, a Henry Ford or a Marconi," the Chief Minister said. — DDR.

Tuberculosis

201. Mr. H. E. J. VAN RENSBURG asked the Minister of Co-operation and Development:

(1) How many Black tuberculosis sufferers (a) applied to his Department for and (b) were granted pensions, in each year from 1975 to 1980;

(2) what was the total amount paid out in such pensions in each of these years?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) The information required is not readily available as separate statistics in respect of the different types of disability pensions are not kept.

(2) Falls away.

Tuberculosis

52. Mr. N. B. WOOD asked the Minister of Health, Welfare and Pensions:

(1) What are the statistics in respect of the incidence of tuberculosis for each (a) province and (b) Black state for the latest year for which figures are available;

(2) what is the cost per day in respect of (a) hospitalization and (b) out-patient treatment of tuberculosis patients?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(1) (a) Cape 16 306
Natal ..... 3 761.

Orange Free State ... 2 728.
Transvaal 14 930

(b) Ciskei ..... 2 277.
Gazankulu ..... 207.
kwaZulu ..... 2 836.
Lebowa ..... 1 148.
Qwa Qwa ..... 0.
Kangwane ..... 702.

(2) (a) R14,19.

(b) (i) If treated with Rifampicin day.

(ii) Intermittant treatment with Rifampicin 2 to 3 times per week .... R1,80 per day.

(iii) If treated without Rifampicin ..... R0,28 per day.

(iv) Follow up treatment without Rifampicin R0,31 per day.

Tuberculosis sufferers

Hans 4 Ques 61 191 (91)

203. Mr. H. E. J. VAN RENSBURG asked the Minister of Internal Affairs:

20148

(1) How many (a) Coloured and (b) Indian tuberculosis sufferers (i) applied to his Department for and (ii) were granted pensions, in each year from 1975 to 1980;

(2) what was the total amount paid out in such pensions in respect of (a) Coloureds and (b) Indians in each of these years?

The MINISTER OF INTERNAL AFFAIRS:

(1) (a) and (b) Coloured and Indian persons suffering from tuberculosis are regarded as disabled persons and a disability grant is awarded. Separate statistics are unfortunately not kept.

(2) (a) and (b) Fall away.

Tuberculosis

197. Mr. H E. J. VAN RENSBURG asked the Minister of Health. Welfare and Pensions:

(1) How many new cases of tuberculosis among (a) Whites and (b) Blacks were reported in the (i) Randburg and (ii) Sandton municipal areas in 1980;

(2) what was the total number of (a) White and (b) Black tuberculosis cases treated in the (i) Randburg and (ii) Sandton municipal areas in 1980?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(1) (a) (i) 1.

(ii) 1.

(b) (i) 16.

(ii) 68.

(2) (a) (i) 1.

(ii) 10.

(b) (i) 16.

(ii) 139.

Black tuberculosis sufferers: subsidies

255. Mr. H. E. J. VAN RENSBURG asked the Minister of Co-operation and Development:

What amount in subsidies was (a) budgeted and (b) actually spent in respect of Black tuberculosis sufferers in each year from 1975 to 1980 in respect of (i) hospitalization under the headings (aa) departmental, (bb) provincial and mission, (cc) private and mine, (dd) SANTA, (ee) magisterial and (ff) mining commissioner and (ii) hospitalization and out-patients under the headings (aa) local authorities, (bb) mobile X-ray units, (cc) BCG, (dd) tuberculin and (ee) laboratory services?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

My Department is only responsible for health services in Trust areas and the national states of kaNgwane and kwa-Ndebele.

Although the funds provided for health services in these areas include funds for the combating of tuberculosis, expenditure for the various diseases are not separately accounted for.

Tuberculosis sufferers

202. Mr. H. E. J. VAN RENSBURG asked the Minister of Health, Welfare and Pensions:

(1) How many White tuberculosis sufferers (a) applied to his Department for and (b) were granted pensions, in each year from 1975 to 1980;

(2) what was the total amount paid out in such pensions in each of these years?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

Since no statistics are kept of the different ailments on account of which Disability Pensions are awarded, the information requested by the hon. member is not readily available.

To avoid being thought partisan, an endeavour will be made to give, as far as is possible, international statistics. These are few and far between and are seldom published in medical journals.

Two Principles.

(1) The rapidity of change has brought about the

GENERAL NEWS

TB teams encouraged by campaign success

(91)
SJ7 Apr
25/3 BJ

Medical Correspondent

In the past three years more than 500 000 people in many parts of South Africa have been reached by Santa's health education and immunisation teams.

The latest edition of Santa News, newsletter of the SA National Tuberculosis Association, said health teams had worked in Ermelo, Barberton and Stanger.

The costs of the projects had been considerable and only operations in the Bophuthatswana area had been sponsored by a large mining company.

Almost 12 000 children had been vaccinated in the Barberton district by last December. A three-month supply of tablets had been given to teachers to ensure children had regular and continued treatment.

The newsletter said 27 new cases had been treated of which 21 were in hospital.

Stanger, the area with the second highest notification rate in Natal, had a population of 35 300 Indians and 66 000 blacks. Since the beginning of last year, a team comprising a white nurse, two Indian nurses, two black nurses and an Indian and a black health educator had worked in the area.

At the end of last year almost 30 000 children had been tested for tuberculosis, 12 000 of whom were placed on preventive treatment. A total of 25 000 black and Indian children were vaccinated.

"The project is progressing very well. The co-operation from the community is encouraging, especially from farmers, in bringing forward suspected tuberculosis cases," said the newsletter.

It added: "Health education has proved so successful that people are seeking out the Santa team."

In Bophuthatswana, a team of 12 nurses and health educators had undertaken education and vaccination programmes in several villages.

requires, especially for a reasonable cost-effective outcome,

the complete re-orientation of the outpatient service and not,

as at present, the mere substitution of the more expensive,

purchase price drugs into the old scheme of things.

Otherwise, both these schemes fall between the two

pillars, that of cost and that of effectiveness.

The Conference on the Economics of Health Care

in

Southern Africa.

University of Cape Town, 25th - 29th September, 1978.

The Cost Effectiveness of Intensive, Supervised, Short-course Ambulatory Chemotherapy for the Treatment of Pulmonary Tuberculosis.

Summary.

An endeavour is being made to show that of the relatively high purchase price of the new namely Rifampicin and Ethambutol, provided the is seen as requiring the complete re-orientation and practice, the results can be very satisfacto

Preface

Not being an accountant nor an indiffe keeper, much less an inner member of the hierarch Health, the Medical Research Council, the South National Tuberculosis Association, a Administration or a Local Authority, cult to obtain what accurate detailed from anything else, financial statis tricted to the few, and bulk figures down and re-grouped for specific pur

One worker was simply described as having been on the farm'less than one year'.

The tables show that about a quarter of the workers had been on the farm for less than one year and a further 18 percent for more than 20 years. About 13 percent of all workers had been on the farm for less than two months.

c) Schooling.

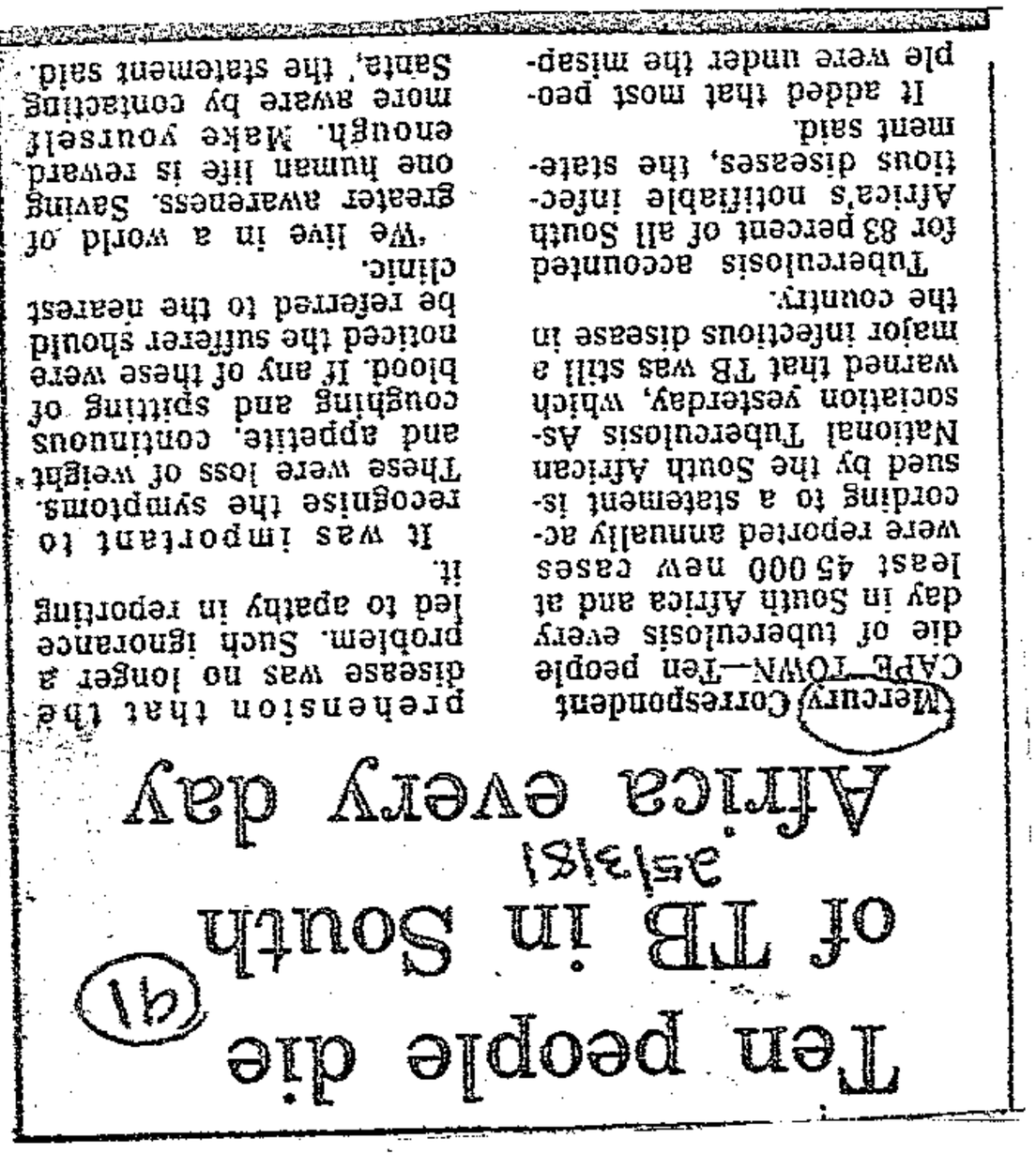
Ninety-one workers (74,59% of those whose schooling was known) had not been to school at all. Unisa's figure for the four areas studied - 52 percent[11] is considerably lower, presumably because the areas include districts in and around major urban centres, where schools are more numerous.

TABLE 28

Distribution of workers according to schooling completed.

School standard completed	Number of workers	%
NONE	91	74,59
Sub A		0,82
Sub B		4,10
Stand		3,28
Stand		1,64
Stand		4,10
Stand		5,74
Stand		4,10
Higher than		1,64
		100,00*

*Figures do not include those who went to school,


Ten people die of TB in South Africa every day (91)

Mercury Correspondent

CAPE TOWN—Ten people die of tuberculosis every day in South Africa and at least 45 000 new cases were reported annually according to a statement issued by the South African National Tuberculosis Association yesterday, which warned that TB was still a major infectious disease in the country.

Tuberculosis accounted for 83 percent of all South Africa's notifiable infectious diseases, the statement said.

It added that most people were under the misapprehension that the disease was no longer a problem. Such ignorance led to apathy in reporting it.

It was important to recognise the symptoms. These were loss of weight and appetite, continuous coughing and spitting of blood. If any of these were noticed the sufferer should be referred to the nearest clinic.

'We live in a world of greater awareness. Saving one human life is reward enough. Make yourself more aware by contacting Santa,' the statement said.

Acknowledgements

I should like to express my thanks to all those in both the medical and economics professions this work, particularly the follo

Graham van Wyk for sharing the wo

Dr J. Smith, Senior Medical Super Organization, for guidance and

Mr J. le Roux, Secretary, Day Hosp providing statistics and informa

Dr K. Sundgrun, Senior Medical Sup Hospital Outpatient Department.

Mr B.C. Floor, Director, Transport of Stellenbosch, for access to t costs in the Cape Town Metropoli

Gill Westcott and Jonathan Brodie encouragement and for criticisms

SALDRU for financial assistance dur the work.

I alone remain responsible for erro that exist.

Note:

This paper is based on a more comp presented as my Honours thesis, Sc University of Cape Town, 1978.

The analysis of the principles of especially its theoretical foundat has been considerably reduced, to simplistic (and the medical profes of the jargon and "mysterious meth I have assumed familiarity with th the decentralized system of primar Peninsula, and I have tried to com leaving out sections of my work tha The details of the survey and examp cost benefit approach in the health and comments on the available data appendix. Only such tables and gr explanation are to be found here. and those books and articles that anyone wishing to conduct a study a



4 GENERAL NEWS

Bitter row over Govt's TB drug ban

By ANNE SACKS

THE Department of Health had placed a sudden ban on the use of a "wonder drug" for the treatment of tuberculosis, several medical officers of health in the Transvaal said at the weekend.

"The tuberculosis treatment programme is now in ruins," one doctor said.

The medical officers of health say they are deeply distressed and described the ban as a false economy which would deny deserving patients the "most potent" treatment available.

But a Department of Health spokesman has strongly denied their allegation.

Professor Erik Glatthaar, the department's spokesman, said the drug — rifampicin — was "widely available" and added: "Local authorities simply cannot afford to buy it."

Prof Glatthaar also blamed local authorities for overspending on their budgets.

The Department of Health distributes its funds to local municipal health departments.

The medical officers of health claim they were told by the Department of Health office in Johannesburg last week that the supply of rifampicin had been eliminated from the list of drugs available to clinics

However, it can only be taken under supervision, usually on an out-patient basis.

Dr Henry Bernstein, Vereeniging's MOH, said the withdrawal of the drug was a "false economy".

"It is foolish to withdraw so vital a drug," he said.

"The drug is cheap at the price because you can treat a patient as an out-patient for R1 or R2 a day whereas it costs R30 a day to keep the patient in hospital."

He said many families would be affected if, for example, the breadwinner broke down for a second or third time.

Dr Desmond Gordon-Smith, Benoni's MOH, said he was extremely disappointed that supplies of rifampicin had been stopped.

"If I could I would treat every new case with rifampicin," he said.

"It is very disturbing that medically deserving patients will be denied the most effective treatment for TB."

Dr H Nelson, chief MOH for the Transvaal Board for the Development of Peri-Urban Areas, said it was a "great pity" the drug had been withdrawn and said his department had not overspent its budget.

Other treatments for TB are available.

and South African National Tuberculosis Association (Santa) centres in the Transvaal for about six months.

It is believed that rifampicin, an expensive drug at R1 a capsule, was withdrawn by the State because of cuts in the Department of Health's budget.

Four medical officers of health contacted by Rand Daily Mail staff confirmed the drug had been banned and categorically denied their departments had overspent their budgets.

Mr Clive Greathead, executive director of Santa, said the fiscal year began on April 1.

"How could local authorities have overspent their budgets when the new financial year began a few days ago?"

Tuberculosis is a highly infectious disease which tends to afflict poor people.

It lies dormant for several years and flares up when a latent patient's resistance is lowered in what is termed a "breakdown".

The symptoms are loss of weight, continuous coughing and spitting of blood.

According to Prof Glatthaar, as many as 110 000 patients in South Africa "break down" every year.

Rifampicin is said to be a permanent cure which quickly sterilises new patients.

OUTLINE

1. Introduction

7. Conclusions

(7.1) The Cost Effectiveness of the DHO.
(7.2) The cost benefit approach to health once more.

Appendix

A note on the available statistics.

Bibliography.

'Santa Week' to focus on TB

TEN South Africans die of tuberculosis (TB) each day, according to the South African National Tuberculosis Association (Santa).

By LEN KALANE

And because of these high statistics, Santa has planned a "Santa Week" from May 2-9.

And what is "Santa Week" all about? The Association explains: When you have 10-million people in South Africa infected with the TB germ and 150 000 active TB cases, then surely the public needs to be informed on the disease.

Santa is active in the publicity field throughout the year but every year a week is set aside to intensify their efforts on a national basis. The main purpose of this Week is to give out information to the public on tuberculosis and Santa's activities.

Santa branches, care groups and Anti-TB associations throughout the country arrange their own information campaigns but all with the same aim in mind, to reach the community and thereby obtain their co-operation.

Santa's objective is the eventual eradication of tuberculosis, but to do this it needs public support and support will only be forthcoming if the community is made aware of the gravity of the situation in South Africa the organisation says. Santa is calling on everyone to take some action during "Santa Week".

Would you know what to do if anyone you know contracted TB? Would you panic or would you take the necessary action?

Tuberculosis is the most widespread dangerous disease in South Africa, costing the country R30-million in preventative and curative treatment annually plus the loss of millions of man-hours of labour.

INFECTIOUS

It is an infectious disease that affects all race groups, all classes and all age groups. No one therefore, can afford to be complacent about tuberculosis. It is the duty of every person to learn the facts about TB and to recognise the symptoms — loss of weight, loss of appetite, continuous coughing, spitting up of blood and pains in the chest.

In most instances the germs are held in check by body resistance and remain dormant. When the resistance is lowered through poor health, stress or adverse social circumstances the germs thrive and multiply to produce active TB.

When TB is discovered in the early stages, treatment is simple and relatively short whereas a delay in reporting to a clinic can lead to a prolonged illness and, at the worst, death.

RECORDED

In 1980 almost 46 000 cases of tuberculosis were recorded in the whole of the country. The second highest incidence of a notifiable disease was measles with just over 16 000 cases. The youth, with their novel ideas and enthusiasm, can help Santa in its publicity campaign to inform people on tuberculosis and also help with fund-raising.

If you would like to become part of a caring organisation, one that is prepared to take the responsibility for the health of the community at large, then join in the "Santa Week".

CT 28/4/81

TB apathy deplored

91

Staff Reporter

THE South African National Tuberculosis Association (Santa) yesterday warned that while 10 people died every day of tuberculosis and 46 000 new cases were notified last year alone there was a "distressing" public apathy towards the hazard of infection.

In an appeal for youth groups to help in a nationwide publicity campaign, the association said that Santa Week would be held from May 2-9. TB was the most widespread dangerous disease in South Africa and cost the country R30 million annually.

It was the duty of everyone to learn the facts and to recognize the symptoms. These were loss of weight, loss of appetite, continuous cough, spitting of blood and chest pains. If discovered early, treatment was simple and short while a delay could lead to prolonged illness or death.

Miscellaneous

15. THE S.A. NATIONAL COUNCIL FOR MENTAL HEALTH: ITS STRUCTURE FUNCTIONS
S.A. National Council for Mental Health.

16. A SURVEY OF MENTAL HEALTH FACILITIES IN THE REPUBLIC OF SOUTH AFRICA.
Department of Health. (1977)

17. ANNUAL STATISTICAL RETURNS TO THE DEPARTMENT OF HEALTH) FOR 1976 FOR THE FOLLOWING HOSPITALS:
Alexandria
Brewelskloof
Elizabeth Donkin
Fort England
Komani
Kowie
Nelspruit
Stickland
Tower
Neseinde
Oranje
Fort Napier
King George V
Town Hill
Umgeni Waterfall
Cullinan
Sterkfontein
Weskoppies

18. ANNUAL STATISTICS RETURNS TO PROVINCIAL ADMINISTRATIONS OF THE FOLLOWING HOSPITALS FOR 1976:
H.F. Verwoerd
Kalafong
Johannesburg General
Transvaal Memorial Hospital for Children
J.G. Strydom
Tara H. Moross

19. ANNUAL REGISTER OF DOCTORS IN SOUTH AFRICA. (1940, 1945, 1950, 1955, 1960, 1965, 1970, 1976.)

KDM 28/4/81 (91)

Ban on TB 'wonder drug' is lifted

By ANNE SACKS

THE Department of Health has lifted the temporary ban in the Southern Transvaal on a "wonder drug" used to treat tuberculosis.

This assurance was given in Johannesburg yesterday to delegates to the meeting of the national executive committee of the South African National Tuberculosis Association (Santa) by Professor Erik Glatthaar, a department spokesman.

The drug — Rifampicin — was banned earlier this month, causing an uproar in medical circles. It was withdrawn because the department said local authorities had overspent their budgets.

Prof Glatthaar told the delegates that more money had now been set aside, and the drug would soon be made available again.

Though Rifampicin is widely acknowledged as the most effective treatment for tuberculosis, it is expensive at R1 a capsule.

Prof Glatthaar said steps were being taken at the highest level to have tuberculosis accorded the same high priority as family planning.

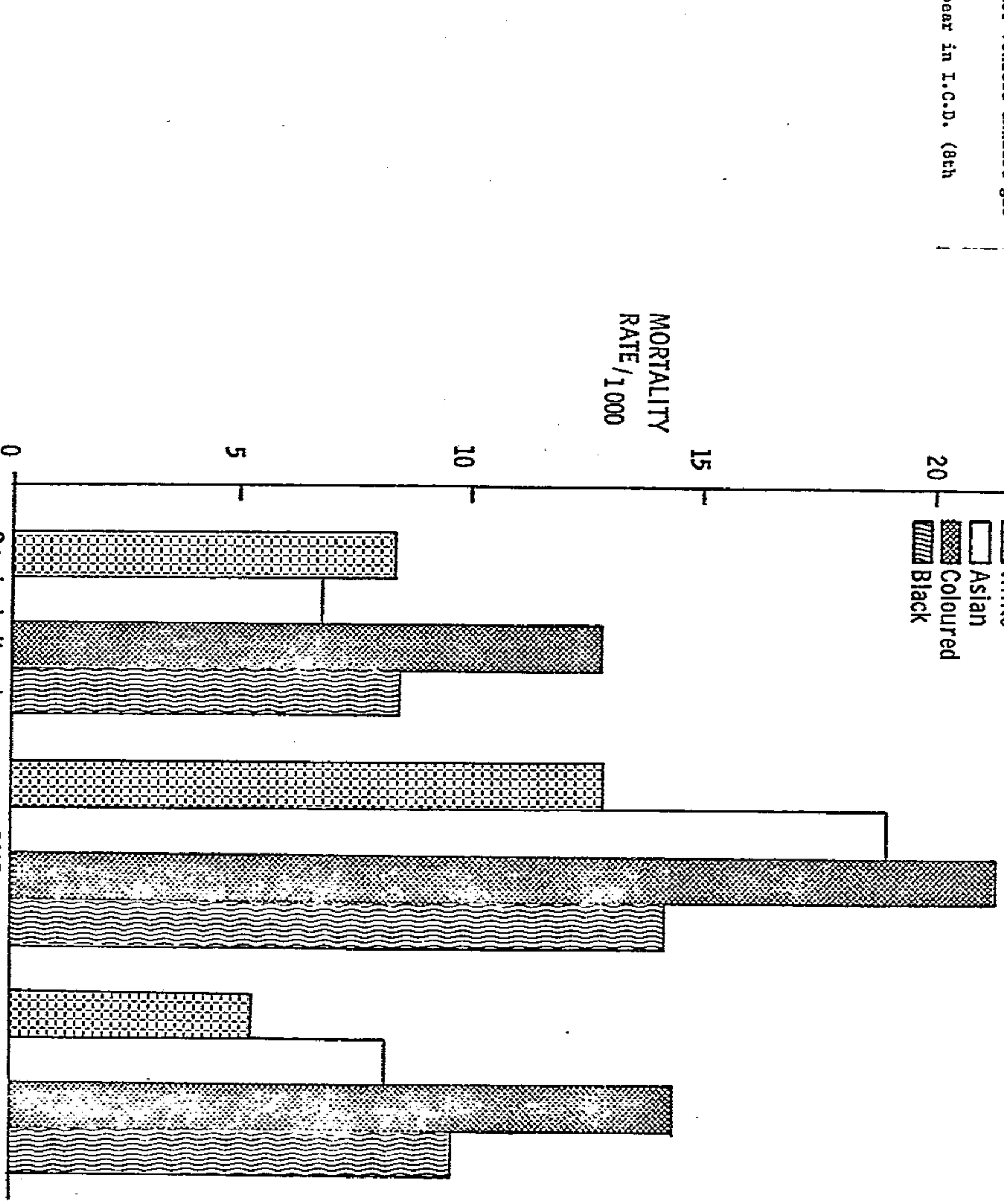
Dr Harry Nelson, chairman of Santa's medical committee, said no time should be wasted in planning tuberculosis treatment. "Otherwise it will be a case of 'too little, too late'."

He described tuberculosis as "the most serious illness" in South Africa, and said R86-million should be made available for treatment, if necessary. The Department of Health currently spends R43-million.

...cted poisoning by motor vehicle exhaust gas"

...ca which does not appear in I.C.D. (8th

Fig 1. Crude Death Rate and Standardized Mortality Rates for Whites, Asians and Coloureds: 1974



Santa awareness week

Star 2/5/91

91

Tuberculosis is the most serious infectious disease in South Africa — serious enough to warrant doubling Santa's current budget of R43-million to combat it.

Dr Harry Nelson, chairman of the medical committee of Santa, was commenting on Santa Awareness Week to be held from today until May 9.

He said part of the problem in fighting the germ, which attacks 40 000 South Africans yearly, was public ignorance and apathy.

"People need to be told it is curable and with proper care need not be infectious. The main contributing factors to the spread of TB are poverty, malnutrition and bad housing," said Dr Nelson.

During Awareness Week, Santa centres countrywide will bring these messages home to the public and inform people of the role they can play in fighting a disease which claims 10 lives every day.

This year's theme "Youth and Health Awareness" is aimed at youth groups and getting their help. For the name of a Santa centre in your area contact Judy van Heerden at 29-9636/7.

TB 'most serious disease'

4/5/81 (91)

Argus Correspondent

JOHANNESBURG. — Tuberculosis is the most serious infectious disease in South Africa — serious enough to warrant doubling the current budget of R43-million to combat it.

Dr Harry Nelson, chairman of the medical committee of Santa, was commenting on Santa Awareness Week.

He said part of the problem in fighting the germ which attacks 40 000 South Africans every year, was public ignorance and apathy.

'People need to understand that it is a curable disease, that with proper care need not be infectious,' Dr Nelson said, 'and that the main contributing factors to the spread of TB is poverty, malnutrition and bad housing.'

Lack of funds slows TB education drive

STAR 29/5/81 (91)

Medical Correspondent

A major tuberculosis health education programme has been slowed down by the Department of Health "because of budgetary problems."

The department has advised the SA National Tuberculosis Association to discontinue the recruitment of further health education trainees in the subsidised programme for the time being.

Santa will continue training as usual because there are numerous applicants who are sponsored by branches of the association and other health authorities who could not be accommodated previously due to heavy demand.

The association's newspaper Santa News, said the Department of Health approached Santa and the SA Christmas Stamp Fund in 1978 and asked them to enter the vital scheme on a tripartite basis.

"The health education programme has since gone from strength to strength and now includes a training centre with the most modern facilities, financed by the Christmas Stamp Fund," said the article.

The newspaper said that, since the scheme was started, there had been much closer co-operation between the department, Santa and the Christmas Stamp Fund.

"Santa feels that health education which it has pioneered for 25 years has at last gained its rightful status in TB control," said the article.

"The organisation continues to be optimistic that there is a definite future for health education and that the extension of the programme to all racial groups will be resumed early enough to render the delay no more than a useful period of consolidation."

The project, which had proved so successful, could not be stopped indefinitely without serious consequences to the organisation of the health education training services, the article said.

Malnutrition— a valiant battle

Stim

Little Thembela is 14 months old and lucky to be alive. If she had been born a year earlier, she would probably have starved to death in Transkei — like her elder sister and five brothers.

Even now the baby is not being fed enough to keep her healthy, but her lucky break came when her mother, Nantembiso, decided to bring her two surviving children to Cape Town last September.

Nantembiso moved to Crossroads and was able to find work in the city, but with an average wage of R6 a week she is barely able to feed her children on anything but mealie pap.

Sometimes she is able to buy Thembela a milk formula, but does not follow instructions on how to mix it "because then the milk is finished too quickly."

Nantembiso needs help and supervision if she is to keep her children alive.

Little Goodman Dubula will also need help to stay alive.

At nine months he weighs in at 6,4 kg — only a few kilos more than the average newborn baby.

Goodman has a lusty cry, but he is too malnourished to squirm and kick.

Most of his life has been spent vomiting and fighting the effects of diarrhoea.

Fortunately for Goodman and Thembela their chances of surviving have improved dramatically — by courtesy of a nutrition clinic that was started at Crossroads almost two years ago.

The handful of dedicated clinic workers are helping about 100 malnourished children.

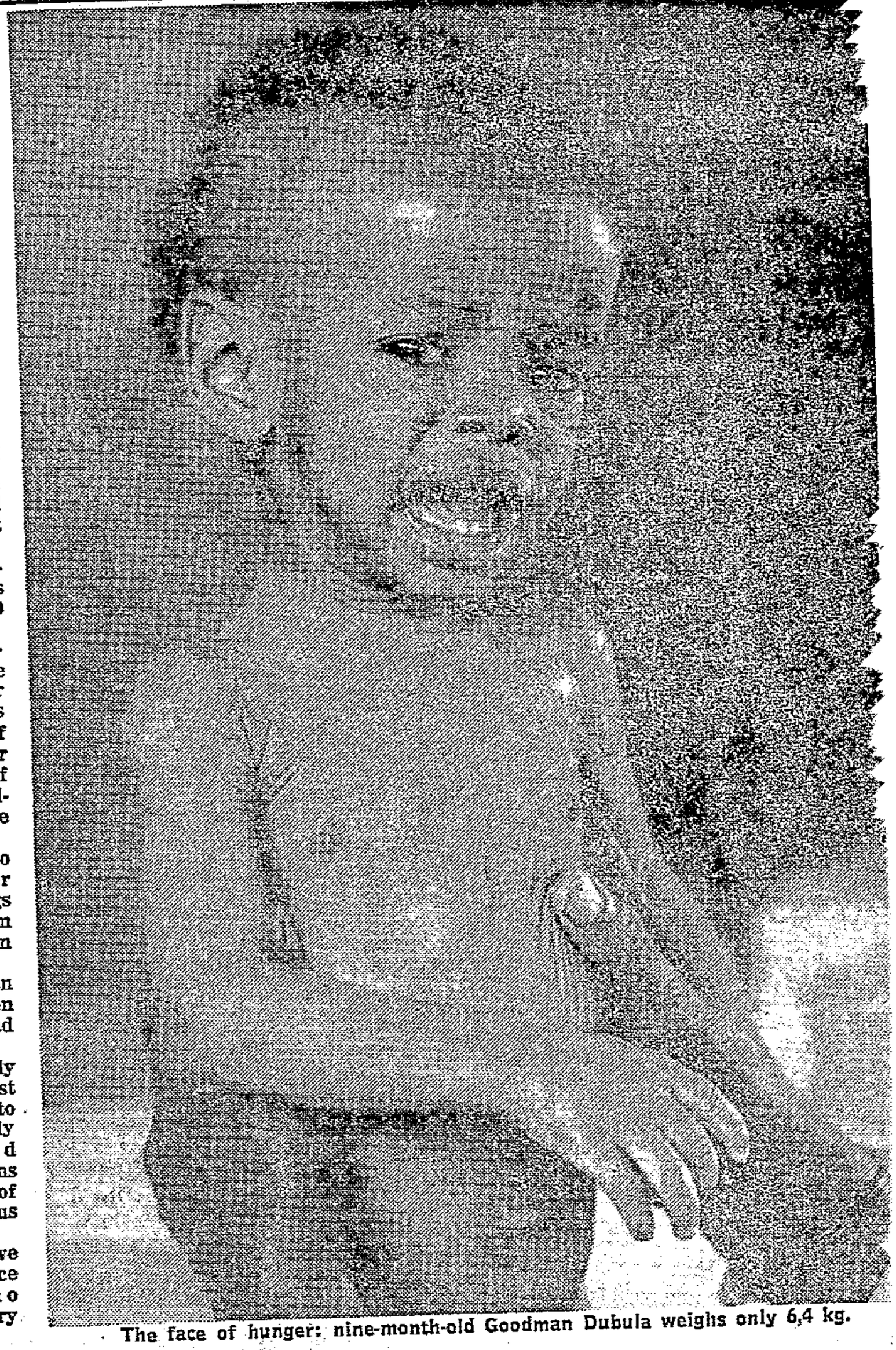
"Many of the children we see are the only survivors in their families. Their siblings have usually died of malnutrition," Sister Emma Isaacs, one of the clinic's few full-time workers, told The Argus.

Sister Isaacs is so concerned about her patients she brings them vegetables from her family farm whenever possible.

Poverty - stricken mothers are also given milk, brown bread and cereal.

Others are patiently taught how to breast feed, shown how to cope with potentially fatal diarrhoea, and given demonstrations on the preparation of cheap, nutritious meals.

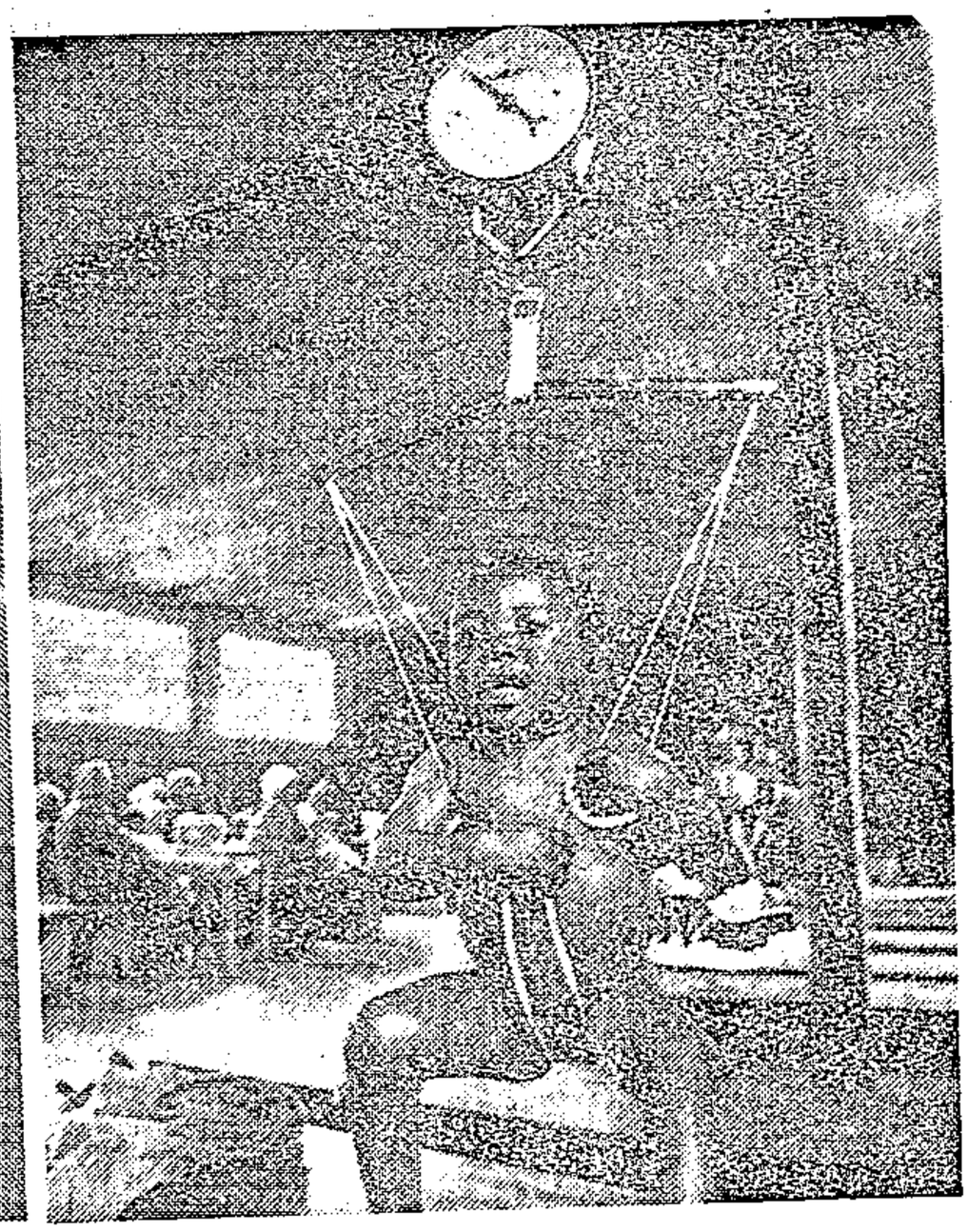
They also receive contraceptive advice from a doctor who works on a voluntary basis.



The face of hunger: nine-month-old Goodman Dubula weighs only 6,4 kg.



Little Goodman Dubula is received by sympathetic arms.

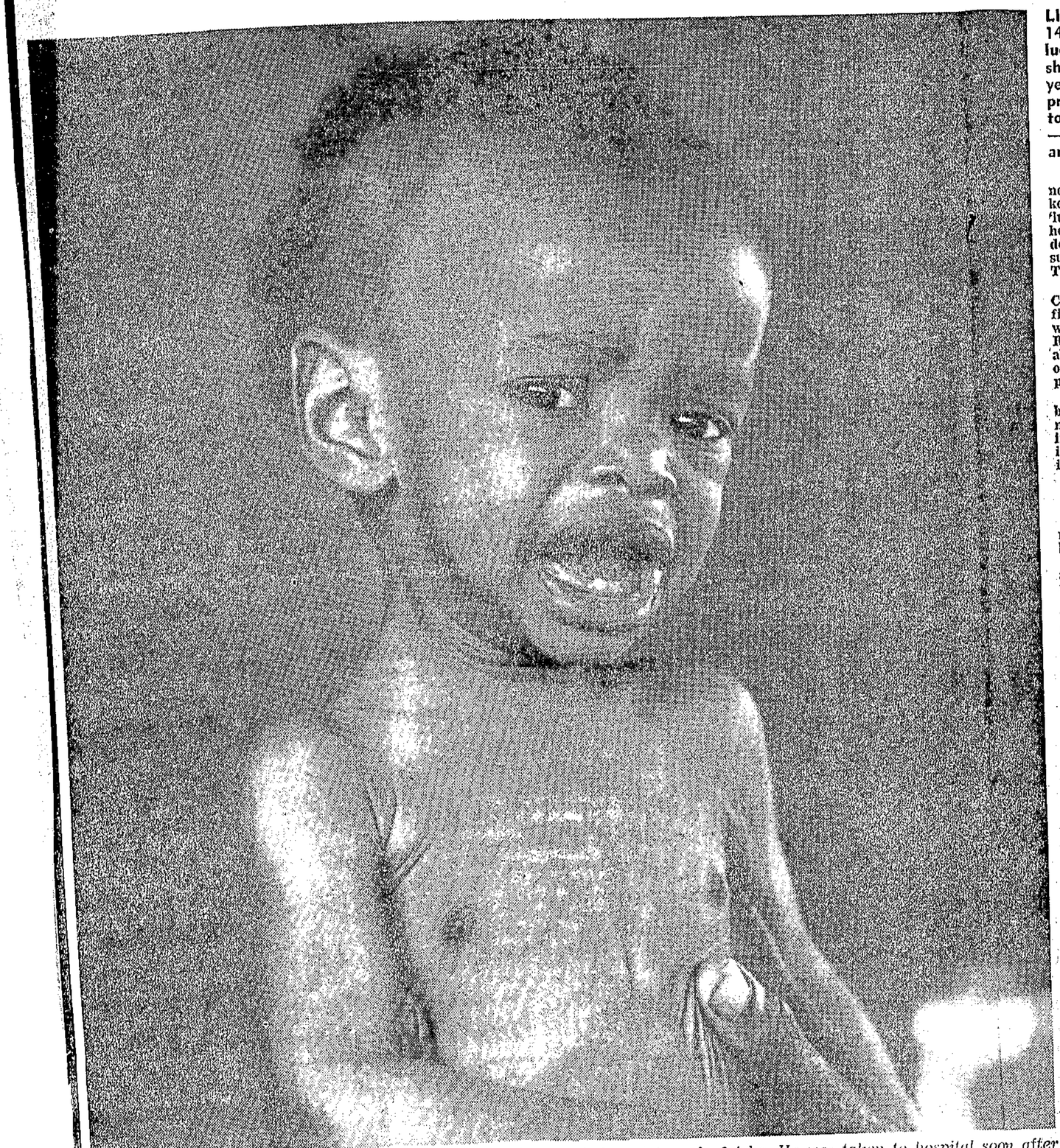


Weighing . . . the scale reading is encouraging.

Escape from starvation

Medical Reporter

Report: Arlene Getz
Pictures: John Yeld



THE unhappy face of hunger . . . nine-month-old Goodman Dubula weighs only 6,4 kg. He was taken to hospital soon after this photograph was taken.

LITTLE THEMBELA is 14 months old and lucky to be alive. If she had been born a year earlier, she would probably have starved to death in Transkei — like her elder sister and five brothers.

Even now the baby is not being fed enough to keep her healthy, but her 'lucky break' came when her mother, Nantembiso, decided to bring her two surviving children to Cape Town last September.

Nantembiso moved to Crossroads and was able to find work in the city, but with an average wage of R6 a week she is barely able to feed her children on anything but mealie pap.

Sometimes she is able to buy Thembela a milk formula, but does not follow instructions on how to mix it 'because then the milk is finished too quickly.'

Mealie

She likes buying mealie meal 'because it fills the baby's tummy.'

Nantembiso needs help and supervision if she is to keep her children alive.

Little Goodman Dubula will also need help to stay alive.

At nine months he weighs in at 6,4 kg — only a few kilos more than the average newborn baby.

Goodman has a lusty cry, but he is too malnourished to squirm and kick.

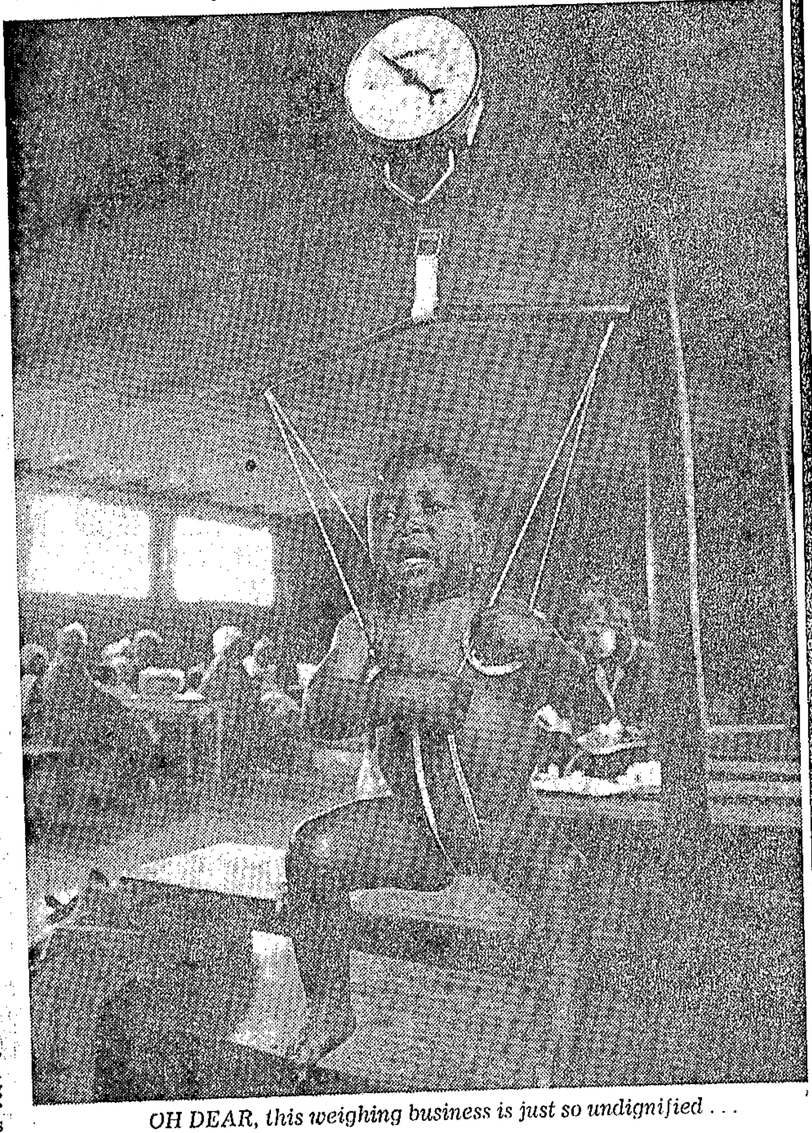
His head is disproportionately large for his body, his ribs are clearly visible under his parched and brittle skin, and most of his life has been spent vomiting and fighting the effects of diarrhoea.

Clinic

Goodman's mother cannot help him, as she is in Transkei, and he is being looked after by a foster mother who also cares for two other children and does not have time to take him to hospital.

Fortunately for Goodman and Thembele their chances of surviving have improved dramatically — by courtesy of a nutrition clinic that was started at Crossroads almost two years ago.

The handful of dedicated clinic workers are helping about 100 malnourished children with the aid of voluntary medical staff, Shawco funds, and public donations.



OH DEAR, this weighing business is just so undignified . . .

'Many of the children we see are the only survivors in their families. Their siblings have usually died of malnutrition,' Sister Emma Isaacs, one of the clinic's few full-time workers, told The Argus this week.

Sister Isaacs is so concerned about her patients she brings them vegetables from her family farm whenever possible.

Poverty-stricken mothers are also given milk, and various nutri-

brown bread, cereal, milk, and various nutri-

Others are patiently taught how to breast feed, shown how to cope with potentially fatal diarrhoea, and given demonstrations on the preparation of cheap, nutritious meals.

They also receive contraceptive advice from a doctor who works on a

malnourished children to us,' Dr Ingrid le Roux, one of the founders of the clinic, said this week.

'I don't think it's going to get any better,' she added.

While the major cause of malnutrition in the area is poverty, ignorance plays a large part.

'Mistakes are often made on a very fundamental level,' said Colleen Adnams, one of the eight fourth-year University of Cape Town medical students who assist at the clinic.

'Sometimes the mothers

Mothers will run new clinic

Medical Reporter

THE malnutrition clinic for the children of Crossroads will enter a new stage in its development soon.

Originally the offshoot of a Shawco paediatric clinic that was replaced by a permanent clinic run by the SA Christian Leadership Association, the clinic will now move from the Noxolo school to its own headquarters.

'The mothers will be running the new clinic themselves,' said Dr Ingrid le Roux, the Groote Schuur Hospital doctor who developed the clinic when she saw the high incidence of malnourished children attending the old paediatric clinic.

The new clinic will be a small building erected with gifts from three city companies and the help of Crossroads residents.

The mothers of the camp will use it as a meeting place to discuss mutual problems and exchange the recipes that will be tried on the clinic's new stove, while their children play together.

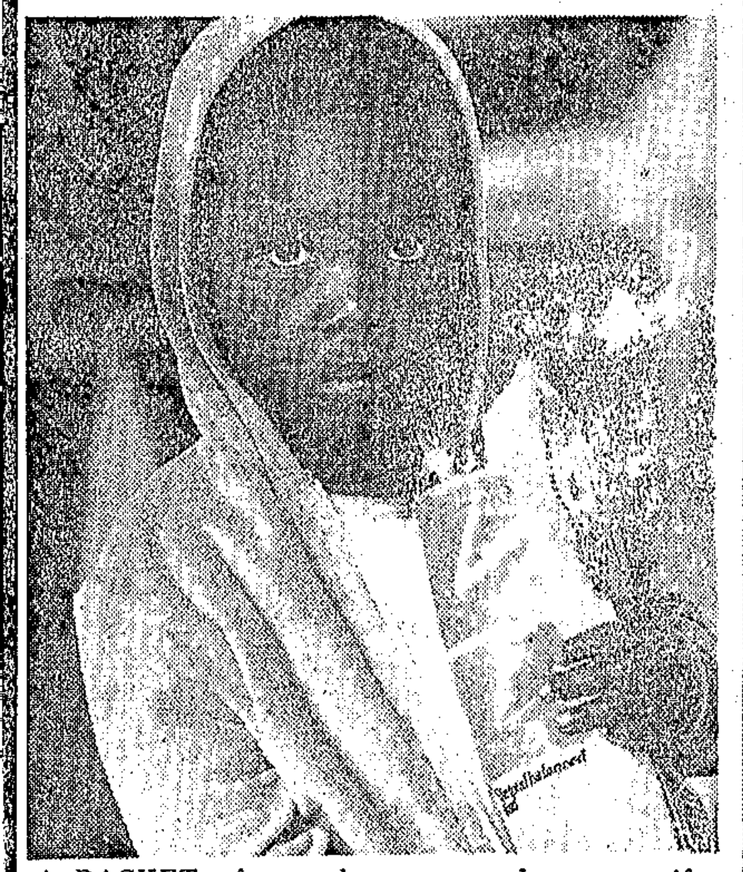
One of the clinic's enthusiastic workers, Nozizwe Nyakaza, will supervise.

The only Crossroads resident employed at the clinic, Mrs Nyakaza, spends her weeks ensuring that the women are following doctors' orders and looking for malnourished children who need help.

The new clinic will be opened as soon as sufficient money to furnish it has been raised.



A MOTHER and her baby wait patiently for attention at the clinic.



A PACKET of cereal can go a long way if you're hungry, and this little boy is determined to keep a tight grip on his packet.



UNDERNOURISHED little Goodman Dubula about to be examined by UCT medical student Lindsay Crowther at the Crossroads nutrition clinic.

Living standard 'cuts down TB'

91
NM 5/12/81

Mercury Reporter

THE increased standard of living in South Africa had led to a marked decrease in the incidence of tuberculosis, the Deputy City Medical Officer of Health, Dr N L Becker, said in Durban at the weekend.

Speaking at the annual meeting of the Friends of the Sick Association, Dr Becker said they had accurate statistics on the number of tuberculosis cases because it was a notifiable condition.

During the mid-1960s the City Health Department became active in case finding and provided treatment facilities in the Indian residential areas.

This led to 575 cases being recorded in 1967 — the higheset recorded in the area, Dr Becker said.

By 1980 the number had dropped to 266 with an attack rate of only 0,67 for 1 000 people.

Dr Becker described this as a 'most gratifying situation'.

SA drug breakthrough

CT 14/7/81 (91)

Science Reporter

A PRETORIA-BASED drug company has developed a new and cheaper method of manufacturing an anti-TB drug which is expected to make South Africa independent of external suppliers and save the country up to R1m a year in foreign exchange.

The new development, which can produce up to 45 tonnes a year of the drug pirasynamide, cost R1,3m to perfect and is expected not only to provide all the Republic's need but also cater for an export market. Previously the raw material had been expensive and in short supply.

According to Dr Fritz Snyckers, technical director of the Noristan — the company which developed the process — the breakthrough had placed South Africa in the position of being the only country in the world capable of making the drug cheaply and in quantity.

(3) As for Year 1.

Years 7-10 : (1) Lease expense 60

Cash 60

Payment of lease rentals.

(2) Lease expense 2 664

Deferred lea

expenditure

Amortisation o

deferred lease

expenditure

(3) As for Years 1

Note that the amount charged in t

(via (3)) will be the same each y

lease expenditure account may be

Year 1

Years 2-6 (5

Balance at beginning of Ye

Amortised - years 7-10 (4

Balance at end of year 10

A further accounting considerati

Explanatory Notes to ED22 relate

concept, in that

(a) if a leased asset is scra

provision must be made at

future payments required

ment 17 and

(b)

Tuberculosis
12/8/81 Col III-112 (91)
Hansard 3
95. Dr. M. S. BARNARD asked the Minister of Health, Welfare and Pensions:

How many (a) cases of tuberculosis were (i) reported and (ii) hospitalized and (b) tuberculosis patients died in each province in the first six months of 1981?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(a) (i) Transvaal 6 106
Cape 7 813
Orange Free State 1 470
Natal 2 057

(ii) Transvaal 4 403
Cape 5 694
Orange Free State 899
Natal 1 659

(b) Transvaal 254
Cape 494
Orange Free State 39
Natal 32

(b) total cost of such drugs during 1980-'81 was R5 801 927.

Tuberculosis
Hansard 3
19/8/81 Col III (91)
86. Dr. M. S. BARNARD asked the Minister of Health, Welfare and Pensions:

(a) What drugs are used by his Department in the treatment of tuberculosis and (b) what is the total cost per annum of such drugs?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(a) The following drugs are used by this Department in the treatment of tuberculosis:
Ethambutol Syrup
Ethambutol Tabs 100 mg and 400 mg
Ethionamide Tabs BP 250 mg
Isoniazid Tabs BP 100 mg, 200 mg and 300 mg
Mynah 300 300 mg Ethambutol plus 100 mg Isoniazid
Mynah 365 365 mg Ethambutol plus 100 mg Isoniazid
Pyrazinamide Tabs BP 0,5 g
Rifampicin Caps 150 mg
Rifampicin Syrup 100 mg
Rifampicin Tabs 450 mg and 600 mg
Streptomycin Sulphate Inj BP 5 g
Streptomycin Neotizide Grade 2 Injec
Tebesium "300" Tabs 300 mg
Tebesium "500" Tabs 500 mg
Terizidone Caps 250 mg; and

111 WEDNESDAY, 19 AUGUST 1981

57. Lowe to Heenan Dec 7/01 CHB 262.

58. Minutes of meeting in NAD Office June 30/02 CHB 262.

59. See previous note 57.

60. Report by Lowe to Engi /01 CHB 262.

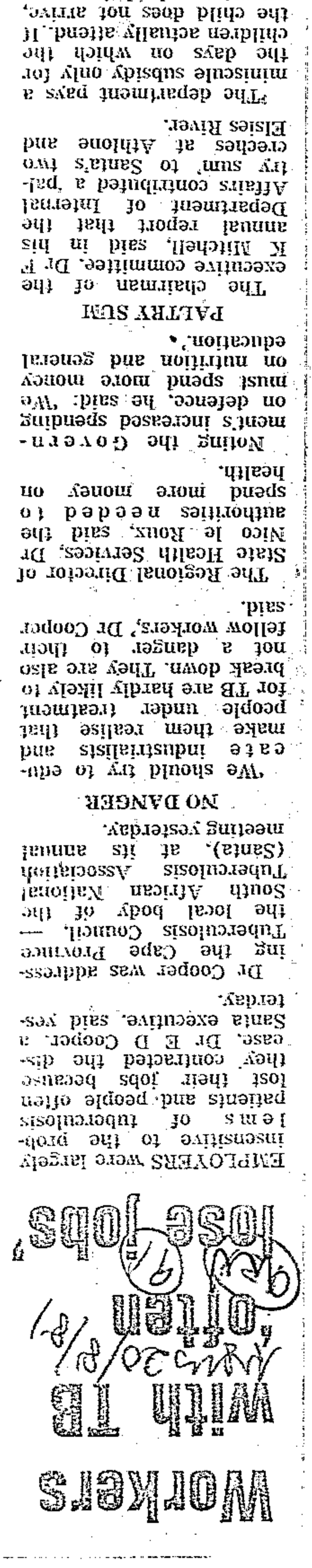
61. H.R. Stockman (Admira on's Town) to Heenan Oct 21/01 CHB 268.

62. Heenan to Cumming Apr

63. Memorandum of CHB 262.

64. Robb to Secretary Law 1 CHB 268.

65. Minutes of meeting in CHB 262.



WORKERS
With TB
Must Be Paid
Often

EMPLOYERS were largely insensitive to the problems of tuberculosis patients and people often lost their jobs because they contracted the disease, Dr E D Cooper, a Santa executive, said yesterday.

Dr Cooper was addressing the Cape Province Tuberculosis Council, — the local body of the South African National Tuberculosis Association (Santa), at its annual meeting yesterday.

NO DANGER

'We should try to educate industrialists and make them realise that people under treatment for TB are hardly likely to break down. They are also not a danger to their fellow workers,' Dr Cooper said.

The Regional Director of State Health Services, Dr

The chairman of the executive committee, Dr F K Mitchell, said in his annual report that the Department of Internal Affairs contributed a 'paltry sum' to Santa's two creches at Athlone and Elsies River.

'The department pays a miniscule subsidy only for the days on which the children actually attend. If the child does not arrive, we get no subsidy.'

The department contributed R4 400 of the R37 000 that Santa spent on running the two creches last year.

1978 R000

4 968
10 067
15 025
460

4 643
9 875
14 518
460

Row over TB drug withdrawal

(91) NM 24/8/81

Mercury Reporter

THE Government's decision to withdraw supplies of rifampicin, the 'wonder drug' used in the treatment of tuberculosis, on the grounds that it is too expensive has led to a furore in the medical profession.

Yesterday a medical practitioner in Empangeni expressed alarm that the recovery of thousands of black TB patients throughout South Africa would be seriously retarded as a result of the State move.

It is estimated that 10 people die of TB in South Africa every day and at least 45 000 new cases are reported annually.

The doctor said patients treated with rifampicin normally recovered within six months. Prior to the introduction of the drug, the recovery period varied between 12 and 18 months.

'Now we have to use treatment that was available 10 years ago,' he pointed out.

'Patients with tuberculosis meningitis cannot be given rifampicin and the disease drags on for ever.'

He pointed out that tuberculosis was the country's most serious infectious disease and community health problem.

'South Africa is not a poor country,' he added. 'Resources must be ploughed into this kind of field.'

The Medical Association of South Africa (Masa) has also entered the fray and Dr Hillard Hurwitz, president of the preventative and community medicine group of the association, has warned that the withdrawal of rifampicin has seriously compromised the effective management of the disease.

Writing in the latest issue of the Medical Journal, Dr Hurwitz says the cost of both rifampicin and ethambutol, another drug used in the treatment of TB but one which is regarded as only a 'second-line drug', has meant their withdrawal from the budget of the Department of Health, Welfare and Pensions for the 1981/82 year.

In his reply in the same issue, the Director-General of the department, Dr John de Beer, says that only 10 to 15 percent of patients can receive these drugs at this stage because of their prohibitive cost.

He says a higher percentage of patients will be treated with these drugs 'as soon as more funds become available'.

Dr de Beer was not available for comment yesterday on when more funds would be made available.

The Government's decision to make financial cuts in the TB-prevention programme has also been slammed by Dr Marius Barnard, PFP spokesman on medical affairs.

He said the cuts would create more expense for the State later on, because the Government would have to treat more tuberculosis patients.

The S A National Tuberculosis Association (Santa) will be discussing the cutback at its annual conference in Bloemfontein next week.

A spokesman for the association in Johannesburg said Santa felt that TB should receive far higher priority in the Government's financial allocations.

Woolworths Holdings Limited and its subsid

Notes to the financial

8. Share capital

Authorised			
Ordinary	–	9 916 20	
		20 134 80	
Preference	–	230 000 6	
Issued			
Ordinary	–	9 343 65	
		19 868 15	
Preference	–	230 000	

The voting rights on the class thereon aggregate less than 5

Options granted in respect of cised at year end. The price operative on the Johannesbu

The options were granted at within the ten year period a share purchase scheme. The July, 1983.

In addition 459 500 ordinar the Group (including direct share purchase scheme. T

9. Employees' ben

The balance standing to tributory pension scheme plan. This payment is ded for the year by R536 000

13

Tuberculosis

96. Dr. M. S. BARNARD asked the Minister of Co-operation and Development:
HANS 5 QC. 246
How many (a) cases of tuberculosis
~~197~~ 91 31/3/81

were (i) reported and (ii) hospitalized and (b) tuberculosis patients died in the first six months of 1981 in each National State in respect of which his Department is still responsible for health matters?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(a) (i) Kangwane, 287.
KwaNdebele, 2 339.

(ii) Kangwane, 287.
KwaNdebele, 148.

(b) Kangwane, 19.
KwaNdebele, 16.

New TB treatment promises good results

Star 2/9/81 (91)

A new process to speed up recovery of tuberculosis victims is now being tested in South Africa.

Several new drug combinations are being used to reduce treatment time from an average of 12 months to nine months, according to Professor A J Brink, president of the Medical Research Council.

Professor Brink, whose 1980 annual report was tabled in Parliament recently, said 1 000 patients had already taken part in the trial and the first test results were very promising, with a majority of patients being cured within four months.

"As the State currently spends R39-million on TB services annually, this research will represent a significant saving in personnel and use of hospital services," he said.

Professor Brink said critical problems affecting the health of all South Africans included soaring costs of medical care, the need to provide health facilities in rural communities and the heavy workload placed on available health care personnel.

The new TB therapy was one of the research projects being undertaken by the MRC. Other projecets included:

- The Unit for Research in Clinical Psychiatry's investigation of the problem of relapse and re-admission to psychiatric hospitals. Re-admissions account for almost 60 percent of total admissions.
- Investigating a nutrition education programme for mothers of undernourished pre-school children admitted to Garankuwa Hospital.
- Studies on outpatients' waiting time in two large hospitals and identified bottlenecks in patient flow.

(C) The best means of improving liquidity would be :

(1) To exercise better control over credit advanced to debtors;

(2) Raise a mortgage bond over the company's land and buildings or issue shares, appro needed to finance capital expenditure. It should be possible to raise the mortga relatively favourable debt equity ratio of 1 : 1,9 and the availability of assets debt.

Reasons :

(1) It is essential to raise long term finance to finance fixed assets.

(2) The company is in a position to take advantage of long term borrowings as (i) there at present; and (ii) with profits of R420 000, the company may gear up advantageous through an issue of shares would result in unnecessary dilution of earnings per shar

/jpw.

10m face threat of having TB — Santa report

Mail Reporter

TUBERCULOSIS is still South Africa's most prevalent disease and at least 10-million people risk contracting the disease, the South African National Tuberculosis Association says in its annual report.

There has been little change in the number of new cases over the last five years, with 55 300 identified cases in 1976 and 52 664 in 1980.

The report, released this week, says: "Surveys in the Republic have revealed that the true number of cases throughout the country is two to five times higher than those officially notified.

"An estimated 10 deaths per day occur due to tuberculosis infection, and although there has been a steady decline over the last years, it is far too slow," the report warns.

TB cost the country a minimum R31,5-million in prevention and cure, but a much greater sum in unemployment claims, loss of earnings and loss of manpower and productivity, the report says.

The report says that despite the evident success of intensive control in Southern Africa over the last few years, the measures had not rapidly reduced the disease's infection.

Subsidies cut could hit TB centres

C. Herald 19/9/81

98 91

TUBERCULOSIS treatment centres run by the Divisional Council could be heavily hit—leading to a possible spread of the disease — by drastic Government cuts on TB drug subsidies.

Happily the Council's Health Committee has recommended that R12 500 be spent on wiping out the shortfall in funds, but this has still to be passed by the Finance Committee and the general Council.

The Council's Medical Officer of Health said in a report to the Health Committee that the drug Rifampicin (the most important part of the four-drug TB therapy) has been cut by half to R13 000 for the six-month period October 1981 to March next year.

LONGER

This means that if the Council was to treat TB patients on only three drugs, the treatment would last three to four times longer than the present six months.

Additional dangers included more patients as a result of the drug shortage, slower healing time and more drug-resistant patients.

'The already precarious control of the disease will be greatly reduced,' he said. He also pointed out that there would be greater financial problems for families of TB patients as a result of breadwinners being off work for longer periods.

HARDER

And because of the long period of treatment without the vital drug, it would be so much harder to get patients to comply fully with the treatment.

He warned: 'If the Council does not augment the Rifampicin supplies by some means its TB service will deteriorate severely.'

TB in a black cul-de-sac, says MOH

Own Correspondent

CAPE TOWN — South African treatment of tuberculosis has apparently reached a cul-de-sac because its victims are mainly black, according to Dr L R Tibbit, the Cape Divisional Council's Medical Officer of Health.

He also warned in his annual report that venereal disease in the Western Cape was reaching epidemic proportions, with about 20 000 cases of gonorrhoea and 5 000 cases of syphilis in the city area every year.

Public complacency about tuberculosis and syphilis was "misplaced," said Dr Tibbit.

"For some years now, some of us have held the view that TB in South Africa is in a cul-de-sac due to the fact that it is a non-white complaint," he wrote.

He noted that a "SA Medical Journal" paper on short-course treatment for TB had attracted 28 letters from overseas, but only one from a South African.

A physician of distinction had been overheard to say that the trouble with TB "was that it did not affect the whites."

While white TB cases had decreased by 11 times since 1940, coloured and black notifications maintained a ratio two and seven times higher than the white statistics for 1940.

Salaries and housing for blacks, especially farm labourers, would have to be upgraded if these problems were to disappear.

RAND DAILY MAIL, Thursday.

TB cases 'only the tip of a growing iceberg'

TUBERCULOSIS is on the increase in South Africa and notifications of the disease are only the tip of the iceberg, says the Minister of Health, Welfare and Pensions, Dr L A P A Munnik.

By ADA STUIJT

The disease claims 10 lives a day and 45 000 new notifications are reported each year, according to figures of the SA National Tuberculosis Association (SANTA).

Speaking at the opening of a meeting of the Medical Research Council (MRC) in Parow last week, Dr Munnik announced that his department and the MRC would co-ordinate their research much closer than in the past.

"The country cannot afford the dispersion of its medical research resources. These should be concentrated and the MRC must be seen as the 'militant' research arm of the country," he said.

Referring to tuberculosis, which costs the country R39-million annually, Dr Munnik said there was an increase in the disease.

"The 45 000 annual notifications of this disease are only the tip of the iceberg.

"Thanks to the financial support of the MRC, the Tuberculosis Research Institute has already established how certain drug combinations shorten hospitalisation periods of TB sufferers, as well as the recurrence of the disease."

Next year is to be an anti-TB year, according to a SANTA spokesman.

Discovery

"It will be a year to remember for all concerned with the fight against tuberculosis, because exactly 100 years ago on March 24, Dr Robert Koch, a German scientist, revealed his discovery of the tubercile bacillus.

"It was the beginning of a new era: the cause of the disease which had plagued the world for 5 000 years had at last been identified and treatment could be formulated," he said.

A commemorative stamp depicting Dr Koch will be issued on the day.

A conference on tuberculosis — sponsored by SANTA — is to be held in April next year.

Doctor hits at Cape farmers

RDM 15-10-81

Mail Correspondent

FARMERS in the Greater Cape Town area have been criticised by the Cape Divisional Council Medical Officer of Health, Dr L R Tibbet, who says in his annual report that poor living conditions and low wages continue to contribute to serious health problems among farm labourers.

Dr Tibbet also warned that "we appear to be losing ground in the battle against tuberculosis in the non-white population groups".

In his 1980 report — he says the farm labourers of Philippi were one of the most depressed.

Alcoholism and poverty were rampant, nutrition was poor and the quality of life low.

On Constantia, he said: "Poor housing and low wages of much of the farm labour continues to contribute towards the problems of alcoholism, tuberculosis, child abuse and neglect and malnutrition, all problems in one of the country's wealthiest areas".

In the Durbanville area nearly 5 000 visits to clinics were made during the year because of venereal diseases. A survey on VD in the area had indicated "a most alarming incidence of 15,7% in the farming population of this area".

"Over-crowding was apparent in 45 opt of 76 dwellings and with poor hygiene and sanitation the ideal conditions for endemic syphilis and other diseases arise. Infestation of flies can only complicate matters."

Referring to TB, Dr Tibbet said because it appeared the fight against the disease was being lost among blacks and coloureds, better housing and economic improvement for these groups were top priorities.

He expressed the hope that State cuts on finances this year would not affect the supply of drugs used in the treatment of TB.

TB: Treat causes

1 23/10/81 (9)

Staff Reporter

THE South African National Tuberculosis Association (SANTA) should no longer be involved in treating tuberculosis patients, according to Dr F K Mitchell, chairman of the Cape Province Tuberculosis Council.

In the sixth Basil Dormer Lecture at the recent annual meeting of the National Tuberculosis Council in Bloemfontein, which was reprinted in "SANTA News", Dr Mitchell said the treatment of TB patients was the work of health authorities responsible for curative health.

"We should be devoting our main energies towards ameliorating and eliminating those environmental factors which allow the infected person to become a diseased patient.

"We should be a pressure group striving for improved nutrition, housing and education for those sections of our population who are at present deprived," he said.

"Let us not neglect to keep vividly before those in our country who hold the power, the basic fact that TB is a social disease, and that we haven't a hope of containing it unless we raise the socio-economic status of all our people."

In South Africa, an excess of 40 000 cases of infectious tuberculosis were reported each year. A further breakdown of the figures revealed that most of the cases were reported in black communities, Dr Mitchell said.

Increased attention should also be focussed on the health of the pre-school child who is most susceptible to TB, he said.

"It is a sad fact that while the various authorities do quite a bit to promote and supervise the health of our young people from school-entry age upwards, almost nothing is being done in most of our country for the pre-school child.

"I firmly believe if we could bring every child born in our country to the age of six — school-going age — properly nourished and properly immunised against all diseases for which we now have vaccines, we wouldn't have an adult TB problem," Dr Mitchell said.

Women come to aid of TB patients

TWO Vosloorus women's organisations — Masisizane Women's Club and Thandanani Women's Club — have come to the rescue of relatives of TB patients in Vosloorus.

The organisations have secured buses which transport relatives to the Santa Modderbee Hospital each Saturday and Sunday.

In the past it has been a problem for relatives to travel down to Modderbee. Transport was the most hazardous experience. Now the two organisations made representations to Putco.

And an agreement was reached whereby now special buses to the hospital began to leave from the Vosloorus terminus at 1 pm from last Saturday and Sunday.

During the negotiations, Masisizane Women's Club was represented by Mrs Nora Mabaso and Thandanani by Mrs Maria Mdlalose.

TB a 'major problem'

CT 28/10/81 (9)

Divisional Council Reporter

TUBERCULOSIS in Cape Town's coloured community remained a major public health problem, the health department of the Divisional Council said in its annual report yesterday.

The incidence of the disease also continued to be a cause for concern in the black community, as "the pool of infection" was constantly being replenished from the homelands.

The health report said the number of tuberculosis patients being admitted to hospital remained low, in line with the policy of concentrating an effective daily out-patient treatment at clinics.

● The council has demolished 2 877 squatter shacks since 1975, with another 2 043 still to be razed.

The figures, determined by a council survey, exclude the shack areas of Elsie's River, where a redevelopment and upgrading programme was started 10 years ago.

● Active promotion of crematoriums by the council over the past year had led to "a tremendous growth in cremation" and an increasing acceptance by all population groups, the Engineer's Department reported yesterday.

Over the past six years, the number of cremations had doubled, in spite of a static death rate.

● There was a sharp decline in the number of bush and veld fires in the Divisional Council area during the past year, the Engineer's Department reported. A total area of 136,4 ha was destroyed, against 322 ha in the previous year.

HEALTH & DISEASE

~~TERESE~~ T. B.

1982

FEB. — DEC.

12.3 Individual Reaction Form

* 1. How much did you participate in making the decisions reached by your group?

I participated:

9 – Completely.
8 – Quite a lot.
7 – A little more than moderately.
6 – Moderately.
5 – Neither very much nor very little.
4 – Less than expected.
3 – Moderately less than expected.
2 – Quite a lot less than expected.
1 – Not at all.

2. How satisfied did you feel with the amount and quality of your participation in reaching a joint decision?

I felt:

9 – Completely satisfied.
8 – Quite satisfied.
7 – Moderately satisfied.
6 – A little more satisfied than dissatisfied.
5 – Neither very satisfied nor very dissatisfied.
4 – A little more dissatisfied than satisfied.
3 – Moderately dissatisfied.
2 – Quite dissatisfied.
1 – Completely dissatisfied.

3. How much responsibility would you feel for making the decision work?

I would feel:

9 – Completely responsible.
8 – Quite responsible.
7 – Moderately responsible.
6 – A little more responsibile than not responsible.
5 – Neither very responsible nor very irresponsible.
4 – A little more irresponsible than responsible.
3 – Moderately irresponsible.
2 – Quite irresponsible.
1 – Completely irresponsible.

4. How committed do you feel to the decision your group made?

I feel:

9 – Completely committed.
8 – Quite committed.
7 – M
6 – A
5 – N
4 – A little more uncommitted than committed.
3 – Moderately uncommitted.
2 – Quite

5. How

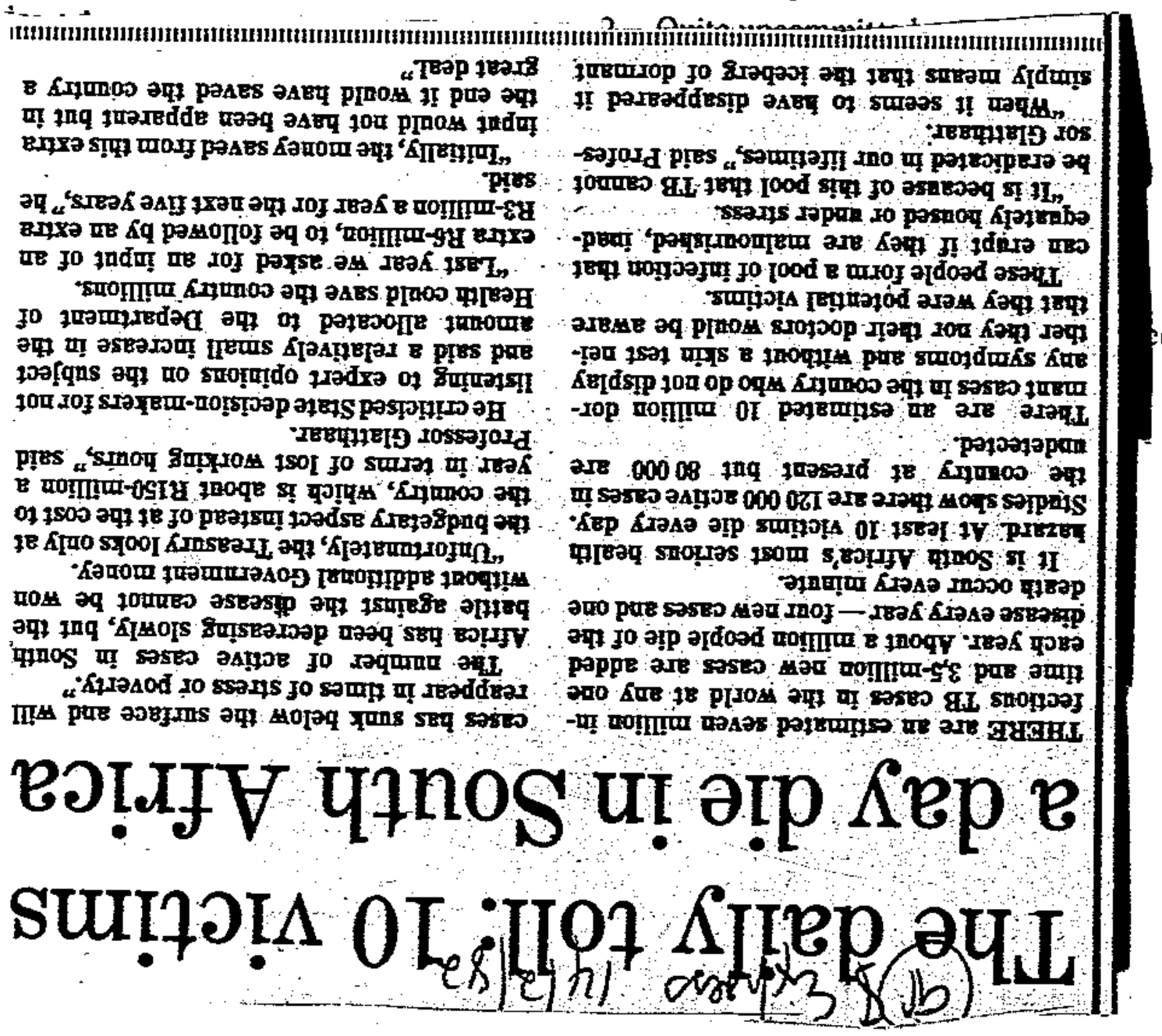
I felt:

9 – C
8 – Q
7 – M
6 – A
5 – N

6. How

It wa

9 – T
8 – C
7 – M
6 – A
5 – N



The daily toll: 10 victims a day die in South Africa

THERE are an estimated seven million infections TB cases in the world at any one time and 3,5-million new cases are added each year. About a million people die of the disease every year — four new cases and one death occur every minute.

It is South Africa's most serious health hazard. At least 10 victims die every day. Studies show there are 120 000 active cases in the country at present but 80 000 are undetected.

There are an estimated 10 million dormant cases in the country who do not display any symptoms and without a skin test neither they nor their doctors would be aware that they were potential victims.

These people form a pool of infection that can erupt if they are malnourished, inadequately housed or under stress.

"It is because of this pool that TB cannot be eradicated in our lifetimes," said Professor Glatthaar.

"When it seems to have disappeared it simply means that the iceberg of dormant cases has sunk below the surface and will reappear in times of stress or poverty."

The number of active cases in South Africa has been decreasing slowly, but the battle against the disease cannot be won without additional Government money.

"Unfortunately, the Treasury looks only at the budgetary aspect instead of at the cost to the country, which is about R150-million a year in terms of lost working hours," said Professor Glatthaar.

He criticised State decision-makers for not listening to expert opinions on the subject and said a relatively small increase in the amount allocated to the Department of Health could save the country millions.

"Last year we asked for an input of an extra R6-million, to be followed by an extra R3-million a year for the next five years," he said.

"Initially, the money saved from this extra input would not have been apparent but in the end it would have saved the country a great deal."

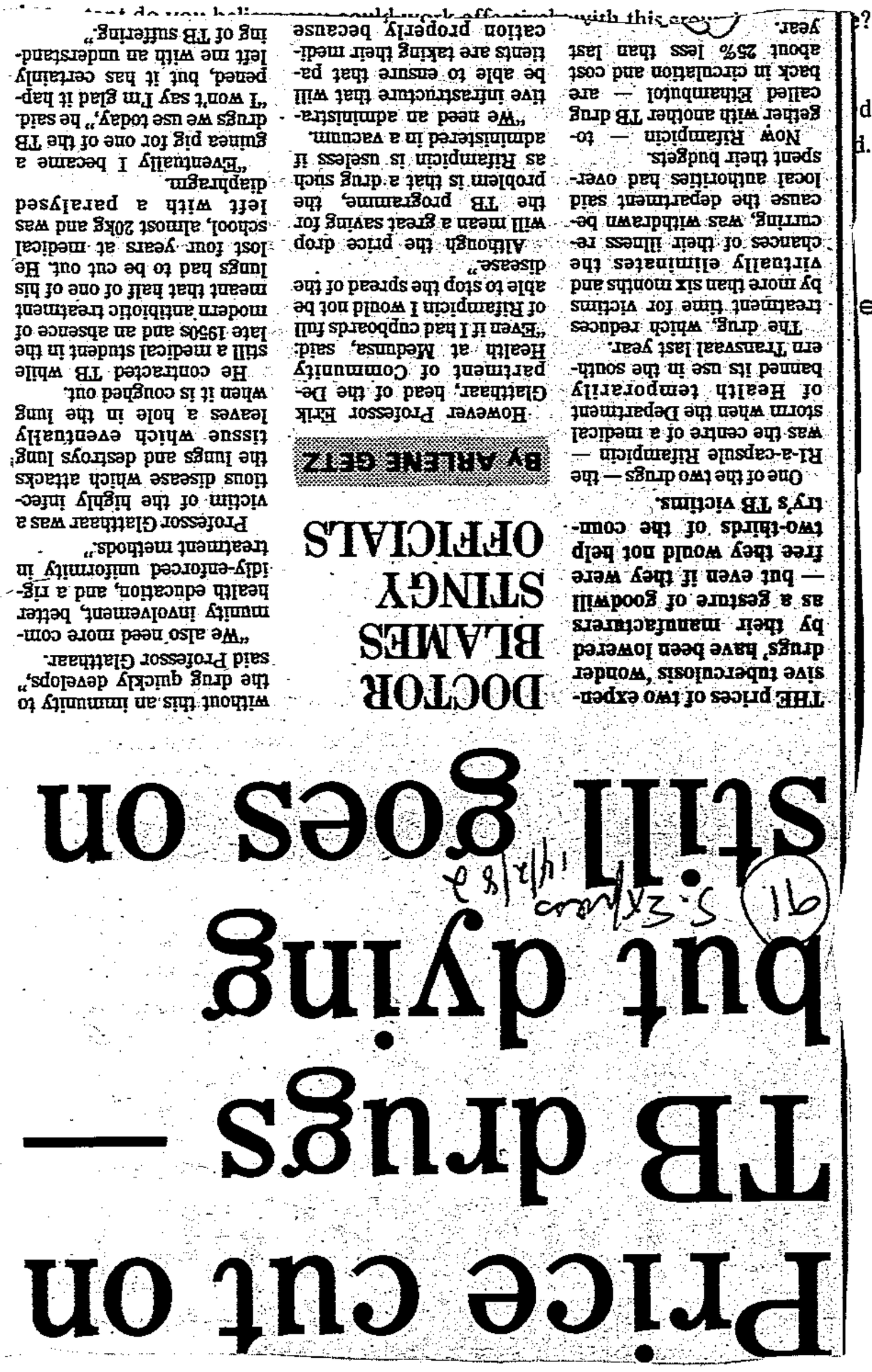
7. How much influence did you have on the group's decision?

9 – A great deal.
8 – Quite a lot.
7 – A little more than moderately.
6 – Moderately.
5 – Neither very much nor very little.
4 – Less than expected.
3 – Moderately less than expected.
2 – Quite a lot less than expected.
1 – None at all.

8. When members had differences of opinion, to what extent were all sides carefully listened to and the conflict directly faced and resolved?

9 – Always.
8 – Almost always.
7 – Usually.
6 – A little more than half the time.
5 – Half the time.
4 – A little less than half the time.
3 – Not very often.
2 – Rarely.
1 – Never.

9. To [illegible] do you believe [illegible] with this group?



Price cut on TB drugs — but dying still goes on

BY ARLENE GETZ

DOCTOR BLAMES STINGY OFFICIALS

THE prices of two expensive tuberculosis 'wonder drugs' have been lowered by their manufacturers as a gesture of goodwill — but even if they were free they would not help two-thirds of the country's TB victims.

One of the two drugs — the Ri-a-capsule Rifampicin — was the centre of a medical storm when the Department of Health temporarily banned its use in the southern Transvaal last year.

The drug, which reduces treatment time for victims by more than six months and virtually eliminates the chances of their illness recurring, was withdrawn because the department said local authorities had overspent their budgets.

Now Rifampicin — together with another TB drug called Ethambutol — are back in circulation and cost about 25% less than last year.

However Professor Erik Glatthaar, head of the Department of Community Health at Medunsa, said: "Even if I had cupboards full of Rifampicin I would not be able to stop the spread of the disease."

Although the price drop will mean a great saving for the TB programme, the problem is that a drug such as Rifampicin is useless if administered in a vacuum.

"We need an administrative infrastructure that will be able to ensure that patients are taking their medication properly because without this an immunity to the drug quickly develops," said Professor Glatthaar.

"We also need more community involvement, better health education, and a rigidly-enforced uniformity in treatment methods."

Professor Glatthaar was a victim of the highly infectious disease which attacks the lungs and destroys lung tissue which eventually leaves a hole in the lung when it is coughed out.

He contracted TB while still a medical student in the late 1950s and an absence of modern antibiotic treatment meant that half of one of his lungs had to be cut out. He lost four years at medical school, almost 20kg and was left with a paralysed diaphragm.

"Eventually I became a guinea pig for one of the TB drugs we use today," he said. "I won't say I'm glad it happened, but it has certainly left me with an understanding of TB suffering."

* Source: [illegible]e-Hall)

TB 'still a killer' among blacks

(91) (1987) Mercury 14/6/87

Mercury Reporter

WHILE tuberculosis was under control among whites and 'very much improved' among Indians, it was still one of the greatest killers among blacks, Dr M V Gumede, KwaZulu's Secretary for Health and Welfare, warned in Durban at the weekend.

Addressing the Friends of the Sick Association's 40 th annual meeting, he said with about 110 000 blacks now suffering from the disease, a determined effort had to be made to remove conditions, like poverty, that gave rise to TB in the first place.

'We are at present so impressed with newer diseases like cholera, with its sudden dramatic arrival on the South African scene, we lose sight of a very important cardinal point that diseases follow a breach of the laws of nature.'

Dr Gumede said that in 1939 Dr Arthur Copley, who helped formed Fosa, 'shocked and rocked' the country through his observation that 389 out of every 100 000 Indians suffered from TB.

It was a sad indictment that even after 40 years, 'the disease still remains the scourge of our country', he said.

Fosa's chairman, Mr Mannie Naidoo, said there was cause for considerable satisfaction because for a time TB among Indians was on the decline.

But the current rising costs of food and the absence of meaningful levels of pay rises were again causing anxiety.

'Most nutritious foods are increasingly becoming luxuries — and when the humble egg costs more than 10 cents, it is time to worry about the future of our people,' he said.

SA spends too little on fighting TB, says expert

Own Correspondent

An overseas medical professor has criticised South Africa for spending too little money on tuberculosis — a disease which claims the lives of 10 people a day.

Professor Stefan Grzybowski, head of the Respiratory Division of the University of British Columbia, Canada, said although South Africa's problem was 17 times greater than Canada's much less money was spent in the country on the disease.

He was addressing a Press conference last week at Medunsa, Garankuwa, at an international commemorative conference, "Tuberculosis in the Eighties".

He said he was astonished that a country as rich as South Africa could not afford to use greater quantities of Rifampicin, the drug used in short-term treatment of the disease.

"In no country in the world are there so many dedicated people as in South Africa working to control tuberculosis," he said.

"However the financial aspect is also important: It reflects what that country can do to combat the disease."

Professor Erik Glatthaar, chairman of the conference and head of the Department of Health at Medunsa, said it had recently been proved that it was cheaper to use Rifampicin in short-term treatment than to use the more common nine-month regimen.

The other benefits of the Rifampicin short-term therapy were that it was more cost-effective and had many side issues contributing to the reduction of tuberculosis rates in the community.

Surveys showed there were at present about 10 million South Africans carrying the dormant disease.

Another 110 000 people had infectious cases.

Dr Glatthaar said tuberculosis needed to be given different priority at Government level.

He said there should be a budget so that a plan of action against tuberculosis could be implemented.

'ERY CANDIDATE MUST enter in lumn (1) the number of each question swered (in the order in which it has en answered); leave columns (2) and) blank.

(1)	Internal (2)	External (3)
6	5	
Examiners' Initials	Archer	

NOTE CAREFULLY

1. The answers only on the right hand pages will be marked. The left hand pages may be used for rough work, but no credit will be given for such work.
2. Enter at the top of each page and in column (1) of the block on this cover the number of the question you are answering.
3. Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.
4. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.

WARNING

1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
2. Candidates are not to communicate with other candidates or with any person except the invigilator.
3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University

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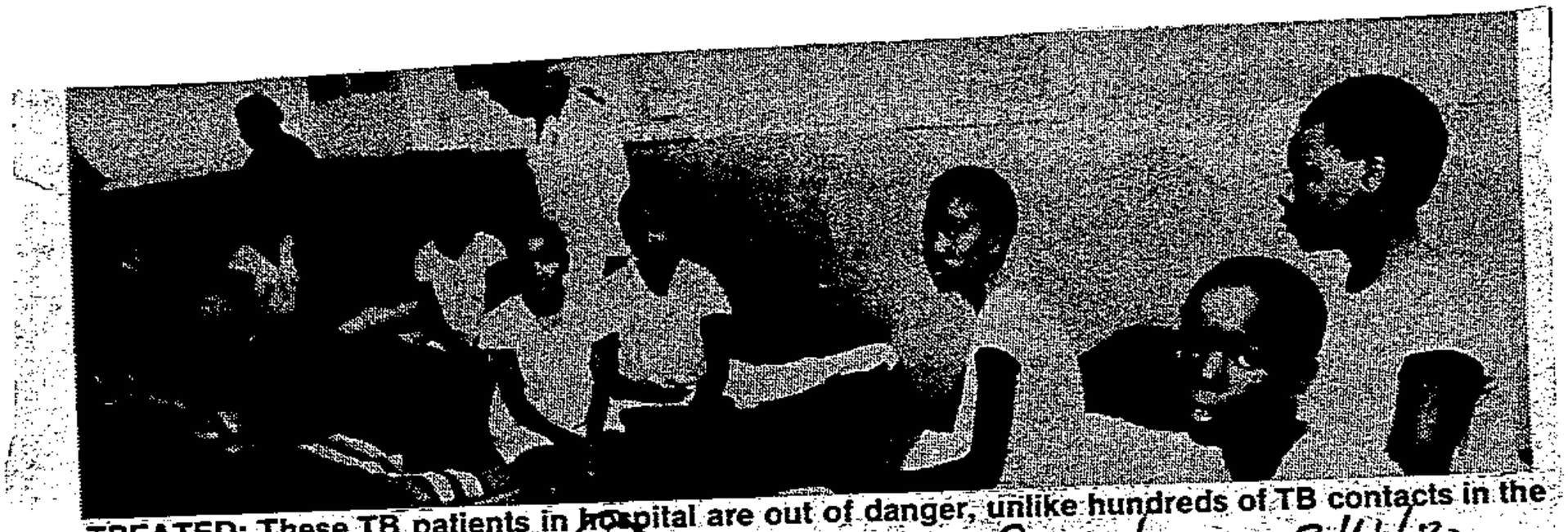

TREATED: These TB patients in hospital are out of danger, unlike hundreds of TB contacts in the townships.

(91) Sowetan 2/4/82

Watch out for TB

ONE person's contact with the fast-spreading tuberculosis may produce close to 20 new cases in Soweto alone.

In view of the socio-economic situation there, the City Health Department appeals to the community to take note of the importance of treating the disease.

The department's personnel often encounter problems with unregistered tenants during home visits. They refuse to give their correct names and addresses out of fear that they may be raided by the administration boards for illegal tenancy.

On the other hand, they may have fallen foul of this highly infectious disease. Personnel use permit files to identify the close contacts of the TB patient.

The senior deputy of the Medical Office for Health, Dr C E Newbury, appealed to the community to co-operate with the department staff as they were merely trying to help decrease the number of victims of the disease.

Another problem area lies with migrant labourers, who are either unidentifiable as a result of influx control or go back to the homelands and discontinue treatment.

Treatment

Dr Newbury says the department should be notified in time so as to arrange for a continuation of treatment of the disease in the homelands.

"If the patient does not take medicine regularly, the tubercule bacillus develops resistance to treatment. A man can develop an allergy to the drug, especially the more powerful drugs," he said.

"Drugs have to be taken in the right combination. We use at least four drugs at one time on a patient, and one needs to note that the department spends about R30 a month on one drug only," says Dr Newbury.

He says treatment is free, adding that his department (which covers Johannesburg) has the best medicine, which is not available in other countries.

Patients are also X-rayed at no cost and for patients in dire financial straits the department provides a feeding scheme comprising milk powder, Maltabella, peanut butter and vitamins in the form of pills.

The Johannesburg SANTA has a total of 2 340 TB cases. Of these 2 146 are black, with about 700 hospitalized.

The signs and symptoms of TB are:

- Persistant cough.
- Tiredness or weakness of the whole body.
- Loss of weight.
- Loss of appetite.
- Night sweats (even when it is cold).
- Pains in the chest.
- Blood-stained spit or coughing up blood.
- Breathlessness.

Should you notice the above, you should contact your nearest clinic.

GOOD NEWS FOR

(91) RDM 15/4/82

SA losing grim TB battle, says expert

Mail Reporter

A GLOOMY picture of South Africa's losing battle against tubercolosis was painted yesterday in Pretoria, at an international conference on TB.

About 10 people died of the disease daily in South Africa, and two-thirds of TB cases went undetected, said Prof E Glatthaar, head of the department of community health at the Medical University of Southern Africa.

He said local doctors' false predictions that TB would be wiped out had led to the Government's present reluctance to increase its R43-million grant to fight TB.

He said South Africa had done very little true research into TB. It was only after 1972 that the true picture of the disease came to light.

Prof Glatthaar said doctors disagreed about how TB should be treated, and on how to control it.

Govt finance needed for control of TB

(91)

Star 15/4/82

Own Correspondent

Government finance is desperately needed to improve the control of tuberculosis, a disease which claims 10 lives daily in South Africa.

Speaking at the international medical conference at Medunsa yesterday on tuberculosis in the eighties, Professor Erik Glatthaar, head of the Department of Health, outlined this as one of the main factors affecting the control of the infectious disease.

"We cannot have funds coming in dribs and drabs," he said.

"Yet we cannot convince the Department of Treasury to give us the initial input.

"This is what is needed — a steady inflow and then the occasional input of money."

South Africa had an incidence of 150 to 200 for every 100 000 people. Of these, 82 percent were black which Professor Glatthaar attributed to the "socio-economic situation."

Surveys showed there were about 110 000 infectious cases in South Africa (persons with active TB) and about 10 million infected persons, persons in whom the disease was dormant.

He said some of the reasons included unscientific planning, haphazard control, false predictions, insufficient funds, the nurses and the community were not involved. There was a deficient infrastructure and no discipline or uniformity.

"How many doctors actually involve their nurses in the treatment of tuberculosis?" he asked. "We do not need sophisticated doctors to control the disease — the nurses can do this."

TB major health problem in E Cape

By SANDRA SMITH

THE Medical Officers of Health for Port Elizabeth and Grahamstown, Dr J N Sher, and Dr J Dippenaar, have identified tuberculosis as the single major health problem facing both areas.

Dr Sher warned today that the overcrowded slum conditions that exist in certain areas of Port Elizabeth gave rise to the spread of such communicable diseases.

"As far as the local authorities are concerned, TB is by far our major public health problem and the finances we use for the disease are far greater than for every other aspect of our public health programme," he said.

Dr Dippenaar said the problem could not be resolved until socio-economic conditions in black residential areas were upgraded drastically. Poor living conditions reduced people's resistance to the disease.

TB flourished in environments where there was socio-economic deprivation, slums, a lack of education and facilities and low incomes, Dr Sher said.

More than 200 cases of chronic TB were registered in Grahamstown last year.

In Port Elizabeth, there were 2 300 cases of pulmonary lung TB, 31 cases of maninitis TB and 121 other TB cases.

TB specialists felt that, for every case identified in a clinic, there may be two or three others in the community who are unidentified, Dr Sher said.

The State Health Department subsidised the TB service by between 80% and 90%. In a budget of more than R3 million, at least R1½ million was spent in the treatment of TB, Dr Sher said.

The Health Departments aimed to find infected cases by visiting houses and factories. This method identified more cases than the previous one of X-raying large sections of the population.

Dr Sher said a problem existed with patients who felt better after one month's treatment and then failed to return to one of the eight clinics for the rest of the treatment.

Optimally, treatment lasted for between nine months to a year, but patients could be rendered non-infectious and return to work within a few weeks of beginning treatment.

TB was the most prevalant notifiable disease recorded by the Department of Health and Welfare last year, with 39 657 cases reported between January 1 and October 16.

Facilities lacking, so homeland TB 'rife'

Tuberculosis becomes rife in homeland resettlement areas with inadequate sanitation and health facilities, the head of kwaZulu's Nursing Services, Mrs D Dlomo, said yesterday.

She told the annual conference of the National Council of Women of South Africa that people moved to resettlement areas had less food and many malnourished, making them more prone to illness.

Gastro-intestinal infections were common and because housing was often inadequate, many had respiratory ailments.

"There are very few instances where health facilities in new resettlement areas have been adequate. In general, there have been unforgivable delays in health care provision."

AFRICAN GARMENT WORKERS UNION (NATAL)

Year	Membership			
	African	Asian and Coloured	White	Total
1970				
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CAPE TIMES 26/4/82

Call to end 'root causes' of disease

Staff Reporter

THE medical profession should aim at eliminating the root causes of socio-economic illnesses such as TB and malnutrition, rather than merely treating each case, the vice-chancellor of the University of Cape Town, Dr S J Saunders, said on Friday.

Dr Saunders was addressing the College of Medicine of South Africa.

"The profession's obligation is, of course, to ensure that society, and particularly the opinion-makers and policy-makers in society, remain fully informed about the root causes and extent of problems such as these," he said.

The profession was obliged to give good diagnostic and therapeutic services, but its main aim, he said, should be to eliminate this type of illness, which was widespread among underprivileged people and had its root cause in socio-economic conditions.

Detention

Dr Saunders said there had recently been widespread concern about the effects of detention without trial on detainees, especially with regard to their access to medical care and the effects of solitary confinement. The profession had an obligation to set an example to society in those areas in which it had special knowledge, he said.

The profession was obliged to give a good diagnostic and therapeutic service, but its main aim, he said, should be to eliminate this type of illness, which was widespread among underprivileged people and had its root cause in socio-economic conditions.

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Ethical problems

Dr Saunders said there were no easy answers to the difficult ethical problems in fields like abortion, test-tube pregnancies, genetic engineering and life-support systems. However, these difficulties underlinded the need for doctors to receive well-rounded, broadly-based education.

He said it appeared that the base of the present medical educational system should be broadened. Medical students should at least have to choose from one of a group of subjects, such as history, a language or philosophy."

Doctors needed more than factual knowledge and the question should be asked as to whether the medical profession was doing enough to ensure that doctors were more than technicians.

"The profession thus far has been negligent in failing to draw to the attention of the authorities clearly and firmly and publicly the profound, seriously adverse effects of solitary confinement."

The profession could not remain silent on ethical issues of this kind, he said.

The medical profession should be alert to diseases arising from industrial hazards and was obliged to alert society to the danger of "luxuries" such as smoking and alcohol abuse.

Durban rates tops for treatment of TB cases among blacks

91
Mercury
28/4/82

Mercury Reporter

DURBAN has the lowest number of tuberculosis cases among blacks in the country, says the city's Medical Officer of Health, Dr Colin MacKenzie.

He said yesterday the total number of cases among all races had decreased from 1 511 in 1971 to 643 last year as a result of new methods and intensive treatment of the disease over the past 10 years.

Dr MacKenzie said statistics showed that Durban also had the lowest infectivity rate of tuberculosis among blacks in the country.

Since 1957 health authorities had stepped up on health education programmes which had created an awareness among potential tuberculosis patients.

Emphasis was placed on treating a tuberculosis case before it was rendered infectious and constant checks were kept on all patients after they were discharged.

'New methods and new drugs can account to a certain extent for the decrease of tuberculosis cases,' said Dr MacKenzie. 'However it can also be attributed to the hard work of medical authorities who have give priority to find cases before they becomes infectious and spread.

He said tuberculosis was predominant among the black population because of 'socio-economic circumstances'.

He said tuberculosis often occurred because of chronic fatigue and bad nourishment.

'Blacks tend to do a lot of hard manual work because the lower the education the lower the manual work,' said Dr MacKenzie. 'Tuberculosis could be brought on by fatigue through travelling long distances after a hard day's work with salaries and lack of knowledge not permitting a balanced diet.'

HEALTH FM 7/5/82 (91)

Employers and TB

The strongest message at a recent 750-strong conference at the Medical University of Southern Africa (Medunsa) was that tuberculosis remains a major health problem in SA.

TB constitutes 83% of notifications of all notifiable diseases in SA and claims 10 deaths daily. There are 45 000 new notifications annually — mainly among blacks.

Transkei, Ciskei and the coastal area down to Port Elizabeth, with 25:1 000 people annually at risk of infection by the TB bacillus, are the worst affected areas for blacks. The disease is better controlled in the cities (the annual risk of children being infected in Soweto is 5:1 000).

Incidence on the mines is about 0,5% in a workforce of 400 000 men, according to the recruitment agency Teba's Dr Oluf Martiny.

Prevalence among whites and Indians in SA is the same as in most Western countries. But, as TB Research Institute epidemiologist Bernard Fourie points out, even with an 11% to 13% annual decrease in the risk of infection, it will take at least another 20 years for blacks and coloureds to fall to the same level.

Money is what's ultimately needed to beat TB, says Medunsa community medicine professor Eric Glatthaar. He made an urgent plea for the Treasury to give the disease priority. He is convinced that if sufficient money is pumped into the fight, TB will slowly be reduced.

Long-term savings

Glatthaar's view is that a major injection of funds now will save the country huge sums in the long run.

Major advances in TB therapy have been made with the introduction of short course chemotherapy, and the conference stressed that employers had a key role to play in TB control.

Employers were urged to retain TB sufferers on their payrolls and to ensure that they are on supervised treatment.

Chem

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National Union of Motor [illegible] Workers of S.A.
Radio Television, Electronic and Allied Workers Union
S.A. Boilermakers, Iron and Steelworkers, Shipbuilders and Welders
S.A. Electrical Workers Union
S.A. Iron, Steel and Allied Industries Union
S.A. Tin Workers Union
South African Allied Workers Union (SAAWU)
Steel, Engineering and Allied Workers Union
Transvaal, Radio, Television and Allied Workers Union
United African Motor and Allied Workers Union



Mr J. W. Gloster, chairman of the Border branch of Santa, Miss Doreen Bennett, health educator, and Dr L. Schneider, chairman of the East London branch, examine a section of a lung from a physiological dummy, after the annual meeting held in East London last night.

TB alive and well, meet told

EAST LONDON — Tuberculosis was the most prevalent disease in Southern Africa and the fight against it was continuing unabated, the chairman of the Border branch of the South African Christmas Stamp Fund, Mr J. W. Gloster, said here last night.

Addressing the fund's annual meeting, Mr Gloster said tuberculosis was "alive and well".

Many more workers were needed in the field and much-needed equipment, drugs, vehicles, nursing and training were essential to rid the country of the scourge of TB, he added.

The Border branch of the South African National Tuberculosis Association (Santa) was presented with a portion of the R5 000 worth of equipment donated to them by the fund at last night's meeting.

The chairman of Santa, Border, Dr L. Schneider, said he was extremely grateful to the fund for the equipment which included overhead movie and slide projectors.

A Santa health educator, Miss D. Bennett, addressed the meeting and said health education was essential to stimulate awareness of the disease. This involved group discussions, health talks and home visits to those suffering from TB.

"Communication is important in combating TB so we need all the financial and material assistance we can get," she said.

The mayor, Mr Errol Spring, who chaired the meeting paid tribute to the fund's behind-the-scenes work in the battle against TB, particularly in the Border, one of Africa's most afflicted areas.

Mr Gloster thanked all those who contributed to the fund's finances by selling stamps and Christmas cards. Awards were made to a number of schools and two post offices.

The Major McClelland Shield for the highest percentage increase in a white school went to Hudson Park Primary and the Model Dairy Trophy for the highest number of stamps sold at a coloured school went to Pefferville Primary. The award for the highest percentage increase at a black school went to Nontuthuzelo Lower Primary, Mdantsane, which doubled its sales.

Trophies were awarded to the Quigney Post Office and the Gonubie Post Office for increasing their sales by 42,8 per cent and 50 per cent respectively.

Mr Gloster was re-elected unopposed for his seventh term as chairman and Mrs J. Naude, Mrs. S. Parker and Mrs. S. Rankin vice-chairman, second vice-chairman and secretary respectively. — DDR

Dynamite causes panic

OSLO — More than a ton of dynamite exploded early yesterday at a stone-crushing plant in an Oslo suburb, smashing thousands of windows and sending hundreds of people fleeing from their homes in panic, police said. There were no casualties. — SAPA-AP.

TB claims six a day in SA

(91) RDM 27/5/87

Political Staff

THE ASSEMBLY. — The incidence of tuberculosis in South Africa was not as high as had been reported, the Director-General of Health, Dr J de Beer, said yesterday.

Although six people a day died from TB in South Africa and although this was unacceptably high, this "represents a notable improvement on a few decades ago when it was six times higher," Dr De Beer said.

During 1980 a total of 2 051 deaths from TB had been reported.

It had recently been reported that there were 10 000 000 cases of TB but this was a 1977 figure and not all these people had active tuberculosis.

The latest estimated figure was 5 500 000, Dr De Beer said.

"The assertion was made that one out of every 200 persons suffered from active tuberculosis.

"However, if the total population is divided by all the cases reported, then it appears that this figure is one to 600.

"It must be added that the cases reported included a number of children and other categoris of patients who do not suffer from active tuberculosis," Dr De Beer said.

Rejecting claims that TB had progressed "appallingly", he said: "The most reliable criterion of the tuberculosis situation in any community, namely the risk of infection, has decreased at 11% to 13% a year since 1977."

He also said TB of the cerebal meninges had dropped from 3,5 per 100 000 to one per 100 000.

TB still biggest disease problem

By HARRY MASHABELA

A TOTAL of 136 cases of cholera — three resulting in death — were found in parts of the Transvaal by June 30, 1981, says the Transvaal Board for the Development of Peri-Urban Areas in its 1980/81 report.

Sixty-seven cases were discovered during December 1980. The figure, however, dropped to 16 in January last year, 14 in February, and to 12 in March.

By the end of last year the disease had appeared in the Barberton, Nelspruit, Brits, Johannesburg, Pretoria, Krugersdorp and Witbank districts with two-thirds of the cases found in the Barberton area.

About 8 000 cases of gonorrhea and more than 3 000 of syphilis were treated at clinics in Alexandra, Rosslyn and Badplaas.

"Tuberculosis was still the biggest contagious disease problem. More than 2 000 new cases were traced or reported during the financial year, with 688 admitted to hospitals," according to the report.

Another 3 270 received treatment at clinics or at work as out-patients and a total of 8 608 schoolchildren and TB contacts received preventive treatment.

There were 41 TB deaths over the same period, compared to 45 during the previous year. This decrease was attributed to the "sustained and intensive" tracing of cases and preventive treatment of contacts, the report said.

10 a day die of TB, says expert

(91)

Star

3/8/82

Own Correspondent

CAPE TOWN — Ten million South Africans have latent tuberculosis and about 10 people die from the disease daily in South Africa, Professor E Glatthaar, head of the department of community medicine at the Medical University of Southern Africa, said in Cape Town yesterday.

He told delegates to a conference on tuberculosis the disease accounted for 83 percent of instances of notifiable diseases in South Africa.

Professor Glatthaar said the most imporant determinants of the prevalence of tuberculosis were socio-economic factors such as poor housing, overcrowding and malnutrition.

Socio - economic improvement was basic to eradicating the disease but specific health programmes could in themselves yield certain rapid benefits.

Only about 40 000 of 120 000 infectious cases were detected each year, he said.

Dr David Webster, seminar lecturer in social anthropology at the University of the Witwatersrand, blamed South Africa's "appalling" tuberculosis statistics on the discrimination and oppression to which the mass of the people were subject.

He said without fundamental social and economic change tuberculosis and other such diseases could not be successfully overcome.

"Medical and sociological studies have shown that fundamentals like food, housing, employment, political power and other non-medical factors play the decisive role in determining morbidity and mortality rates in the black population, and especially in the working class," he said.

He said immigrants, including mineworkers, brought the disease with them and the mines provided the social and physical environment for the spread of contagious diseases.

Miners found to be suffering from the disease were sent home and, by state legislation, were not permitted to seek employment in urban areas. The disease spread rapidly, reaching epidemic proportions when left untreated.

Professor calls for anti-TB 'task force'

Staff Reporter

A SPECIAL task force should be appointed to review and control tuberculosis (TB) in South Africa, Professor S R Benatar, head of the department of medicine at the University of Cape Town, said this week.

Speaking at the opening of this year's UCT Medical Students' Council conference, he said such a task force would not reduce the need for socio-economic improvement in South Africa, but could be instituted in the immediate future, with rapid benefits.

The task force should develop an effective TB control programme and carry it out with the assistance of the State, provincial and local health authorities, as well as voluntary organizations.

Professor Benatar said TB accounted for 83 percent of all notifiable diseases in South Africa, with malaria the second most common (11 percent) and typhoid third (five percent).

The incidence of TB in South Africa ranged from 20 per 100 000 among whites to 300 or more per 100 000 among coloured people and blacks. During 1977 there were 2 636 TB cases in the Cape Town municipal area. Of these, 24 percent were from Langa and 22 percent from Guguletu.

Professor Benatar said the most important determinants in TB were poor housing, overcrowding and malnutrition.

The number of doctors involved in treating TB in South Africa had progressively decreased since 1960 and "the medical manpower situation has now become critical".

"There is increasing dependence on the nurse, and indeed development of the nurse should be further encouraged to allow the development of a control programme which could be used countrywide. Furthermore, such a programme should be integrated into the general health services, be readily accessible and planned on a long-term basis."

TB figures in SA 'appalling'

Staff Reporter

STATE policies and capitalism in South Africa directly effected the incidence of tuberculosis (TB) in this country, Dr Dave Webster, a senior lecturer in social anthropology at the University of the Witwatersrand, said this week.

He was speaking at the three-day conference of the UCT Medical Students' Council, which has the theme "TB in South Africa — Consumption in the Land of Plenty".

He said: "Our appalling TB disease statistics are primarily due to the discrimination and oppression to which the mass of our people are subjected. Without fundamental social and economic change, and the key to bringing about change — political power — the scourges of TB and other such diseases will not be successfully overcome."

Dr Webster said the incidence of TB in South Africa was paralleled by and usually linked to the process of proletarianization — the creation of a labour force.

"South Africa is a Third World country with an unevenly developed capitalism. Our history is one of concommitant development and underdevelopment, with increasing profits on the one hand and poverty and malnutrition for the mass of the population."

He said early records showed that there was little or no TB in pre-colonial times. Since the turn of the century, however, the incidence of TB in South Africa had steadily increased, in spite of the production of drugs in the 1950s to combat the disease.

'Web of causes'

"Tuberculosis is a disease which springs from a web of causes. Primary among these are underdevelopment, with attendant poverty, malnutrition, poor housing, low wages etc."

Dr Webster said TB first became prevalent among black people in South Africa at the turn of the century and later reached "epidemic proportions" in rural and urban black communities.

Responsible

He said the mining industry was the "main agent" responsible for the spread of TB among black people, particularly in the homelands. Mines produced the physical and social environment in which diseases such as TB, phthisis and silicosis were nurtured and spread. Workers who contacted these diseases were repatriated to the homelands and prevented from returning to the mines, he added.

"The effect was to spread highly-infectious diseases into communities already in crisis from overcrowding and poverty. The homelands, from the earliest stages, were the dumping grounds for the rejects of a crippling industry," Dr Webster said.

...vy – more jobs to go

...ther heavy naval vessels ...f the past. After all we ...ave only one frigate left ...nd are concentrating on ...trike craft and corv...ttes, a navy spokesman ...n Simon's Town said ...oday.

This meant that the ...avy would be taking in ...chool leavers and people ...ith skills in the elec...ronic fields who would ...eplace the unspecified ...umber of civilian ...mployees in the Simon's ...own naval dockyard laid ...ff at the end of last month.

The navy spokesman said a further 60 apprentices, many of them riggers, shop builders, welders, marine fitters and boilermakers would be retrenched over the next few months once they have completed their apprenticeships.

Several Defence organisations and labour organisations had been contacted by the navy and some "positive results" had been obtained to accommodate them.

...scued from ice floe

...The ship is expected to ...l into Greenwich on ...ugust 30 ending ...ennes' and Burton's ...hree-year expedition ...round the globe by way ...f both poles.

Expedition spokesman ...r Colin Eales said they ...elebrated their rescue ...ith champagne and ...hocolate cake.

"They started off with ...bout 90 kg of equipment each. There were some large areas of open water which they were able to paddle through and they did the last 11 km in a few hours.

"They came up to the side of the ship dragging the canoes. The ship's bo'sun put down a rope ladder, and it was the quickest trip up a rope ladder you have ever seen two men make."

...honours military

...The mayors of neigh...bouring towns which fall ...n the commando's area ...ill also be present.

...After a tea break, the ...hief of the Defence ...orce, General Constand ...ljoen, will unveil a ...emorial to the fallen.

MEMORIAL

...Villiersdorp has lost ...ree of its sons on the ...rder, and their names ...ill appear on the me...orial.

They were Jan Hendrik Malan who died on October 25 1976, Isak Nel Myburgh, who died on January 26 1977 and Abraham Danie van der Merwe, who died on August 23 1978. The ceremony starts at 11 am.

After an official luncheon in the town's banquet hall, General Viljoen will officiate at a medal parade of Overberg Commando. The SACC band will take part in all three ceremonies.

Concern at 'worsening' TB on mines

ARGUS 4/8/82

IN SPITE of interest and the time taken to screening of new recruits travel from the surface to nearly 4 000 African miners were certified as having tuberculosis in 1980/1981, Dr N White of the occupational health project of the Health Care Trust, said in Cape Town yesterday.

The TB problem on the mines showed no signs of disappearing, he added.

Addressing the Medical Students' Council conference on tuberculosis at the University of Cape Town, Dr White said the incidence of TB among black miners in fact appeared to be worsening.

CONDITIONS

"It appears in the main, to be determined by economic factors — how much the mining companies are prepared to spend on housing, on feeding the miners or on improving the underground working conditions," he said.

"The most important factor is the length of the working day.

"If black miners worked a 46-hour week, as do industrial workers and white miners, and if their working day included the face where they work, then I am convinced that the incidence of tuberculosis would decline.

"But economic concessions of this nature are not made readily. They affect the rate of profit. They will only come about when the owners of mining capital realise that it is in their own economic interests to make concessions."

IMPROVEMENTS

Dr G Marcus, medical adviser to TEBA, the mines' recruiting office, and president of the Mine Medical Officers' Association, said living and working conditions for miners had improved considerably in recent years and improvements were still being made.

"After representation by us Government legislation has been amended as far as compensation is concerned," he said.

"It is now possible for miners to be paid out lump sums in compensation and we are presently awaiting the mining industry to work out the details of this scheme."

Victims healed — but jobs lost

ARGUS 4/8/82

MANY tuberculosis sufferers, who were under treatment and no longer infectious, still lost their jobs simply because of their disease, the Medical Students' Conference heard yesterday.

Miss J Cornell, of the Industrial Health Research unit at the University of Cape Town, said there were no legal requirements for employers to allow workers to be treated on the job, to pay workers for time spent at clinics or, if they were put in hospital, to assure them of a job once they were cured.

"Workers are dependent entirely on the goodwill of their employers. With high unemployment it is all the more likely that employers with a steady supply of healthy workers will choose to dispense with workers who have TB," she said.

"There is also the question of loss of pay. The Factories Act provides for sick leave on full pay for two weeks a year.

"For longer periods of illness workers have to rely on unemployment sick pay or disability grants for which many are not eligible because they are classified as homeland citizens.

"This starts a vicious circle that makes it very hard to cure the disease."

...te that's stood ...he test of time

Mr. Glass would fill a glass and

TB is big SA killer: Experts call for action

ARGUS 3/8/82

TEN million South Africans had latent tuberculosis and about 10 people died from the disease each day in this country, Professor E Glatthaar, head of the department of community medicine at the Medical University of Southern Africa, said in Cape Town yesterday.

He told delegates to a conference on tuberculosis in South Africa, held by the Medical Students' Council, that a further 120 000 infectious cases existed at present.

"Only about 40 000 of these are detected each year," he said.

The disease cost the country about R112-million each year.

AMAZED

Professor S R Benatar, head of the department of medicine at the University of Cape Town, said he was amazed at the little attention paid to the disease. The awakening of academic interest was long overdue.

"A task force should be specially appointed to review the tuberculosis situation in this country, to plan an effective control programme and to carry this out with the assistance of the State, provincial and local health authorities as well as voluntary organisations", he said.

"Such a programme would not reduce the need for socio-economic improvement in South Africa, but could be instituted in the immediate future with rapid benefits."

The disease accounted for 83 percent of all notifiable diseases in South Africa.

"In 1977, 2 636 people were notified as having the disease in the Cape Town municipal area. Of these 24.7 percent were from Langa and 22.7 percent from Guguletu.

"Almost 19 percent of these people had been in Cape Town for less than six months, suggesting they might have come here for treatment of the disease."

He said the most important factors behind the prevalence of TB were socio-economic such as poor housing, overcrowding and malnutrition.

Dr David Webster, senior lecturer at the department of social anthropology at the University of the Witwatersrand, said the "appalling" tuberculois statistics were primarily due to the discrimination and oppression suffered by the mass of the people.

Dr Webster said without fundamental social and economic change, and the key to bringing about change, TB and other such diseases could not be beaten.

From available evidence it was clear that prior to colonialism, the indigenous population was in good health.

TB, migrant labour linked at conference

Staff Reporter

THE abolition of migrant labour, a more equitable distribution of land and the provision of adequate medical care were the minimum requirements effectively to combat tuberculosis in South Africa, delegates to the University of Cape Town's Medical Students' Council conference were told yesterday.

Mr Saul Dubow, a graduate assistant in UCT's Department of History, was speaking on "Consumption and underconsumption — the effect of population resettlement on TB".

He said TB was a "social disease" which was endemic among the black population of South Africa. Overcrowding, stress resulting from the migrant labour system, lack of medical facilities and malnutrition were factors which contributed to TB being "rife" in the rural resettlement areas.

Mr Dubow said the reasons for population resettlement included the removal of people from the "black spots" — land owned by blacks before the proclamation of the 1913 Land Act and now falling in white areas — and the arbitrary redefinition of homeland borders.

Reseachers had estimated that more than two million people had been forcibly resettled in the past two decades. Mr Dubow said the physical impact of resettlement on communities was "devastating". Many resettlement camps experienced epidemics of typhoid, cholera, TB and other diseases directly related to "abysmal social conditions".

Dr W Shasha, former medical superintendent at Cala Hospital in Transkei, said drugs to fight TB were not readily available in clinics and hospitals throughout Transkei.

"Even if they were available, we would only be able to make a small dent in the high incidence of TB in Transkei."

Factors contributing to the high incidence of TB in the homelands included the 1913 and 1936 Land Acts, which crowded people into small areas of land, the advent of the mining industry, unemployment and the migrant labour system.

Resettlement blamed for outbreaks of TB

(91) Star 5/8/82

Own Correspondent

CAPE TOWN — The Government's resettlement policy over the past 30 years was a fundamental cause of tuberculosis being endemic to black, rural South Africa, Mr Saul Dubow, of the department of history at the University of Cape Town, said yesterday.

At the conference of the Medical Student's Council, Mr Dubow said about 2 million people had been affected by this policy in the past 10 years through "black spot" removals, eviction from farms, endorsement out of urban areas and removal from one homeland to another on grounds of ethnic status.

"It should be borne in mind that the South African reserves have not always been impoverished rural slums, nor have they been rife with tuberculosis and other diseases of poverty.

"The TB commissions of 1914 and 1937 unambiguously related the incidence of TB to the declining state of the rural reserves and to the system of migrant labour.

"The wealth and high standard of living achieved in the white urban areas has been attained largely as a result of the impoverishment, and consequent ill-health of the reserves," he said.

Mr Dubow said overcrowding of the reserves, the stress caused by migrant labour, lack of adequate medical facilities and the existence of widespread malnutrition had combined to make TB endemic in rural areas.

"So rife is TB that in many regions it is taken as a fact of life and is scarcely remarked on."

He said to reverse the process of deteriorating health it would be necessary to abolish the migrant labour system, embark upon an extensive policy of land redistribution and establish comprehensive health services throughout the country. "These are just the minimum conditions necessary to achieve a society that is healthy and just," Mr Dubow said.

System blamed for TB scourge

ARGUS 5/8/82

91

THE Government's policy was a fundamental cause of tubereulosis being endemic in black rural areas, a conference was told yesterday.

Mr Saul Dubow, graduate assistant of the Department of History at the University of Cape Town told the conference of the Medical Students' Council that about two million people had been affected by this policy in the past 10 years.

This was by way of black-spot removals, eviction from farms, endorsement out of urban areas and removal from one homeland to another because of ethnic status.

CHANGED

"The South African reserves have not always been impoverished rural slums, nor have they been rife with tuberculosis and other diseases of poverty.

"The TB commissions of 1914 and 1937 unambiguously related the incidence of TB to the declining state of the rural reserves and to the system of migrant labour.

"The wealth and high standard of living achieved in the white urban areas has been attained largely as a result of the impoverishment and consequent ill-health of the reserves."

Mr Dubow said overcrowding of the reserves, the stress caused by migrant labour, lack of adequate medical facilities and the existence of widespread malnutrition had combined to make TB endemic.

THE NORM

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"These are just the minimum conditions necessary to achieve a society that is both healthy and just," Mr Dubow said.

Welfare bodies 'tend to support State'

ARGUS 5/8/82

91

WELFARE and voluntary organisations, though providing a needed service, tended to support the State and the current economic, social and political system, Dr A Zwi, co-editor of Critical Health, said yesterday.

Addressing the Medical Students' Conference, he said that while providing a service which the State had failed to do, these organisations tended to support the role of the State in providing health care.

They thereby supported the present system of social, political and economic inequality in South African society.

"Many of these organisations willingly or unwillingly play their part in preserving the status quo,' Dr Zwi said.

Citing Santa as an example, he said the organisation's aims all appeared very positive and there was very little fault among them.

GENUINE

"Organisations like Santa are run with a genuine commitment to charity, philanthropy and humanitarianism. The numerous people taking part in Santa activities are genuinely committed to helping others less fortunate than themselves," he said.

"However it is not only the immediate effect of relieving the suffering of TB victims with which we must be concerned. Rather we must consider how to stop the spread of this disease and reduce its high prevalence.

"In order to achieve this aim we have to talk about the radical changes in the socio-economic status of the majority of TB sufferers.

"Health education has to be related to the socio-economic and political system as every speaker at this conference has emphasised. These are major factors contributing to the high prevalence of tuberculosis."

Call for tighter control of TB

Mail Correspondent

CAPE TOWN — A specialised task force to combat tuberculosis in South Africa has been called for in the SA Medical Journal.

Writing in the latest issue of the journal, a doctor at the respiratory clinic of the University of Cape Town's department of medicine said the disease was a major health problem in spite of the fact that R35-million was spent annually on its control.

"In a country like South Africa with widely differing urban and rural cultures, shortage of trained health educators and a large proportion of the high-risk population being relatively inaccessible, tuberculosis control is likely to be totally inadequate unless an appropriate programme is mounted to overcome these deficiences," he said.

It was an urgent problem and one which should receive attention at the highest level, involving more than just the State health medical service.

He said TB clinics should have closer links with the provincial and teaching hospitals.

The total cost of the TB control programme in South Africa was R39-million in 1980, about R800 per new case of TB notified.

More than 40 000 new cases are identified annually and there was evidence that this represented only a proportion of all patients suffering from the disease. The death rate from the disease in 1970 was approximately 50 per 100 000.



Many hands made light work of cleaning up the polluted Sandspruit in the Melrose Bird Sanctuary early yesterday when pupils from Fairway Primary School helped by Zibi, the Keep Johannesburg Clean ostrich, pitched in to make the sanctuary fit once more for the public to stroll in. The clean-up, organised by a city councillor, Mr Peter Soal, followed the clearing of the sanctuary itself by the Parks and Recreation Board. Picture: NATALIE GOLDSMITH

Helldrivers' cars race on paint thinners

Mail Correspondent

CAPE TOWN. — When petrol restrictions threatened to curtail the activities of the Cape Helldrivers Motor Club several years ago, the members put their heads together and came up with a revolutionary solution.

After experimenting with petrol alternatives they now power their high speed cars with a fuel produced from paint thinners and methanol.

"At present the University of Cape Town is researching methanol as a fuel alternative," said Mr Raymond Butters, a life member and club PRO. "They should contact us. We've been carrying out our own research programme successfully for years."

The home-brewed, high performance fuel has an unpleasant smell but this has not stopped crowds of 10 000 flocking to some meetings.

"Helldriving has grown immensely in popularity and last year's gate money was a record R200 000," said Mr Butters.

"It is also a very popular spectator sport internationally and draws large crowds in Britain, the United States and Australia."

A fledgeling national organisation has been formed to co-ordinate club championships with a view to increasing international participation, either by sending sides overseas or hosting internationals.

Helldriving has not always been a male reserve. In the past several women competed but the strength needed to hurl the speeding cars round the circuit has ensured male dominance.

PARIS ORLANE

RAND DAILY MA

TB kills 10 a day, Santa is told

Mail Reporter

TEN South Africans died daily of turberculosis, the Director-General of the South African Broadcasting Corporation, Mr S M de Villiers said yesterday.

Opening the 34th annual meeting of the South African National Tuberculosis Association (Santa) at an Isando hotel, Mr de Villiers said turberculosis was a major health problem.

There were 50 000 new cases reported annually and between 120 000 and 150 000 people were under treatment at any given time.

"Over the past five years there have been about 260 000 new cases reported and approximately R170 million spent by the Government to control the disease. More than 250 000 patients have passed through Santa's treatment centres, and cured, during the past 25 years and about one million immunisations were done," he said.

Predicting the occurrence of TB in South Africa for the next twenty years, the Director-General of the Department of Health and Welfare, Dr Johan de Beer, said: "The outlook for whites and Indians is very favourable. Between 1 000 and 1 500 will develop TB each year and most of them will be fully treated and cured."

Among coloured people in the Cape there were 5 000 to 6 500 adult cases a year but the rate of infection in children was decreasing by 10% a year. Urban blacks became diseased at the rate of three to six for each thousand and most cases were treated successfully, with a decrease in infection among children of about 12½%.

TB killing 10 people every day

Report by Pamela Kleinot

Tuberculosis kills 10 people in South Africa each day and 50 000 new cases are reported annually, Mr Steve de Villiers, director-general of the SABC, said yesterday.

"Between 120 000 and 150 000 people are under treatment at any given time," he said.

Mr de Villiers was sketching the magnitude of South Africa's TB problem when he opened the annual meeting of the SA Tuberculosis Association which was being held at a Johannesburg hotel.

"A major and intensified onslaught on the disease has to be made, and Santa is particularly well equipped to play a very important part," he said.

He added that Santa had made a certain breakthrough with its awareness campaign this year, and in 1983 the theme of Santa week will be "Help Yourself to Health" which would be based on promoting proper nutrition.

Mr de Villiers said Santa had played a vital role in the fight against TB — over 250 000 patients have passed through the association's treatment centres and been cured in the past 25 years.

Many thousands had been provided by Santa with social assistance in the form of food parcels, clothing, monthly rentals, and schoolbooks.

"Let us not forget past achievements, but let them inspire all those concerned to work with even greater fervour towards the eventual eradication of TB," he concluded.

45 000 TB cases wait in the wings

Up to 45 000 cases of tuberculosis will be notified in South Africa for the next few years and will then commence to tail off, Dr Johan de Beer, Director-General of Health and Welfare, predicted yesterday.

Speaking at the annual meeting of the South African National Tuberculosis Association (Santa) in Johannesburg, he said notifications would only decrease provided the overall campaign against TB continued at its present tempo.

The campaign included BCG vaccination, the curing of most diagnosed cases, improvement of living standards and the public's growing awareness of the disease.

Delivering the Basil Dormer Lecture, he said community involvement was important in the fight against TB — a serious public health problem in South Africa.

One of the proposals he made for detecting cases in the community was for housewives, shopkeepers and factory owners to keep a monthly weight chart of their employees which would lead to an early diagnosis of TB.

Dr de Beer said the community should be encouraged to make an early diagnosis of TB and should be aware that the disease could be cured without victims being admitted to hospital or losing their jobs.

- Between 1 000 and 1 500 whites and Indians would develop TB each year, most of whom would be fully treated and cured.
- There were 5 000 to 6 500 cases each year among Cape coloured people but the infection rate among children was decreasing by 10 percent a year.
- Urban blacks become diseased at the rate of three to six a 1 000 with most cases being treated successfully.
- Black states like kwaZulu, Gazankulu and Lebowa harbour about one case for every 200 adults.
- Four percent of adults in Transkei suffer from TB and too percent of adults in the Ciskei.

RDM 23/9/82

100 000 suffer from TB

A REPORT from The South African National Tuberculosis Association, Santa, says 100 000 people in South Africa are suffering from TB. It says there is a long road ahead before the level becomes acceptable. This can only be achieved when the vast majority of the population is housed hygienically and fed sufficiently well to enable people to build up resistance to the disease. Strenuous efforts to educate and motivate the under-privileged in hygiene and nutrition are necessary, it says.

TB rate rising in City — MoH

CAPE Times
30/9/82
91

By JANE ARBOUS

THE City Medical Officer of Health, Dr R J Coogan, said yesterday no progress had been made in controlling Cape Town's biggest health problem — infectious pulmonary tuberculosis.

In a hard-hitting annual health report, Dr Coogan blamed inadequate housing, overcrowding and malnutrition for the increase in the incidence of TB.

The differences between race groups remained striking, he said, with the lowest incidence among whites and Asians. The general mortality rate from TB remained low but it was still a major cause of death for blacks.

In their case, the pool of infection was continually being renewed by the migrant labour force entering Cape Town from the homelands. Unless the system were abolished it was difficult to envisage an improvement, he said.

New cases

Last year notifications of all forms of TB rose to 3 119 new cases. In 1975 the figure was 2 742.

Dr Coogan said the defaulter rate remained as high as 30 percent or more, in spite of intensive follow-up programmes by all health staff in the field, because the normal curative treatment took up to two years.

The only significant medical advance in recent years had been the introduction of short-term therapy involving a new drug, Rifampicin. But the drug was expensive and the State Health Department restricted its use.

Dr Coogan believed this new therapy was the only way to control TB.

Linking the disease to the housing crisis, he said the shortage of houses and economic stringency caused overcrowding in existing houses and the occupation of unauthorized and unsanitary shacks on the Cape Flats.

The City Council had ample powers to prohibit these structures but was not prepared at this stage to eject occupants from the only shelter available to them.

Urgent priority should be given to site-and-service schemes in spite of the argument that organized shanty towns become permanent ones.

Meningitis

The shortage of houses in coloured and black areas was the big remaining factor which spread not only TB but meningitis and influenza.

Faced with a huge waiting list for accommodation, the only way to ever make up the backlog was to consider alternative housing standards.

● More on Dr Coogan's

TB - growing threat of a killer disease

THE South African Department of Health and Welfare is currently spending about R4-million a year on the control of tuberculosis, the TB problem is 17 times greater in South Africa than in Canada.

And in its 1981/82 annual report, The South African National Tuberculosis Association (Santa), the major organisation fighting the disease admits that SA expenditure to combat the disease was "substantially less" than in Canada.

The report says that for many decades, TB has remained the major disease in SA.

About 9 713 of the 138 863 cases of notifiable disease in SA for the first four months of 1982, were cases of TB; next came 1200 cases of measles, followed by 964 cases of cholera.

"When one considers furthermore that it is known that at least two thirds of the infectious TB cases are not discovered, one is faced with the startling fact that there are 150 000 new cases of TB each year." the report reveals.

One of the greatest contributory factors is the socio-economic condition of poor housing, where malnutrition and excessive stress and strain is prominent. There lurks the killer disease.

While some reduction has been recorded in the prevalance of TB, about 2 percent per annum, little headway will be made until more effort, backed by adequate long term-funding, is concentrated on prevention control.

The reduction does not even compensate for the increase in population.

TB strikes 35 000 more

Nearly 35 000 cases of tuberculosis were notified by the Department of Health between January and August this year.

Other diseases recorded in the eight-month period include measles (5 787), viral hepatitis (1 079), typhoid (1 890), malaria (1 756), meningococcal infection (511), tetanus (178), poliomyelitis (49), leprosy (40) and diptheria (18).

Shock TB death figures for SA

Staff Reporter

BETWEEN six and 10 people die of tuberculosis (TB) every day in South Africa and about 50 percent of TB patients remain unreported, an article on control of the disease has stated.

The shock statistics are contained in the latest issue of the South African Medical Journal in an article by Dr E Glatthaar of the Department of Community Health at the Medical University of South Africa in Pretoria.

Dr Glatthaar claims the inadequacy of research and planning is a major problem in tuberculosis control.

"Although many surveys were carried out before 1972, few of these complied with strict research criteria and the results were often inaccurate and biased," he wrote.

Public knowledge

Referring to the tuberculosis control programme designed by the Department of Health and Welfare in 1979, Dr Glatthaar said "insufficient community involvement is the single most important defect in present control measures", and that people should know about the disease's symptoms and signs.

Dr Glatthaar said the tuberculosis education and motivation programme launched in co-operation with the South African National Tuberculosis Association (Santa) could result in more TB cases being reported.

Money problems, however, had prevented the programme from being fully implemented, and an alarming number of cases went unreported.

Despite the problems, "there has been a steady decline as regards the risk of infection over the past 20 years".

Commenting on this, Professor S Benatar of Groote Schuur Hospital's respiratory clinic said yesterday it was "difficult" to show that a declining risk of infection in certain sectors "could be extrapolated to the whole of the population ".

In an article on TB, Professor Benatar has said that prevalence surveys conducted by the South African Medical Research Council in Transkei suggest that "in that community fewer than a third of all cases of open TB are diagnosed and notified annually".

Accordingly, Professor Benatar felt that apparent reduction of infection risk could be attributable to the change in communities studied from year to year.

He said South Africa's TB problem demanded attention "at the highest level", and that an urgent programme of national education, particularly in areas of high incidence, would complement the programme of preventive and curative health care.

"Socio-economic development is a vital component in the fight against TB" but "delay in achieving this should not prevent immediate intensification of the TB control programme in South Africa", Professor Benatar said.

Shock report on TB

Mail Correspondent

CAPE TOWN. — Between six and 10 people are known to die every day of tuberculosis in South Africa, but the true number of TB patients remain undetected.

These shocking statistics are contained in an article in the latest issue of the South African Medical Journal, by Dr E Glatthaar of the Department of Community Health at the Medical University of South Africa in Pretoria.

Dr Glatthaar says he sees the inadequacy of research and planning as a major problem area in tuberculosis control.

However, he predicts that the tuberculosis education and motivation programme launched in co-operation with the South African National Tuberculosis Association, Santa, could result in an increased rate of reporting of TB cases.

But, he says, budgetary restrictions have prevented the programme from being fully implemented, and an alarming number of cases go undetected.

TB list grows by 20 000 every year — journal

EPost 30/11/82

Post Reporter

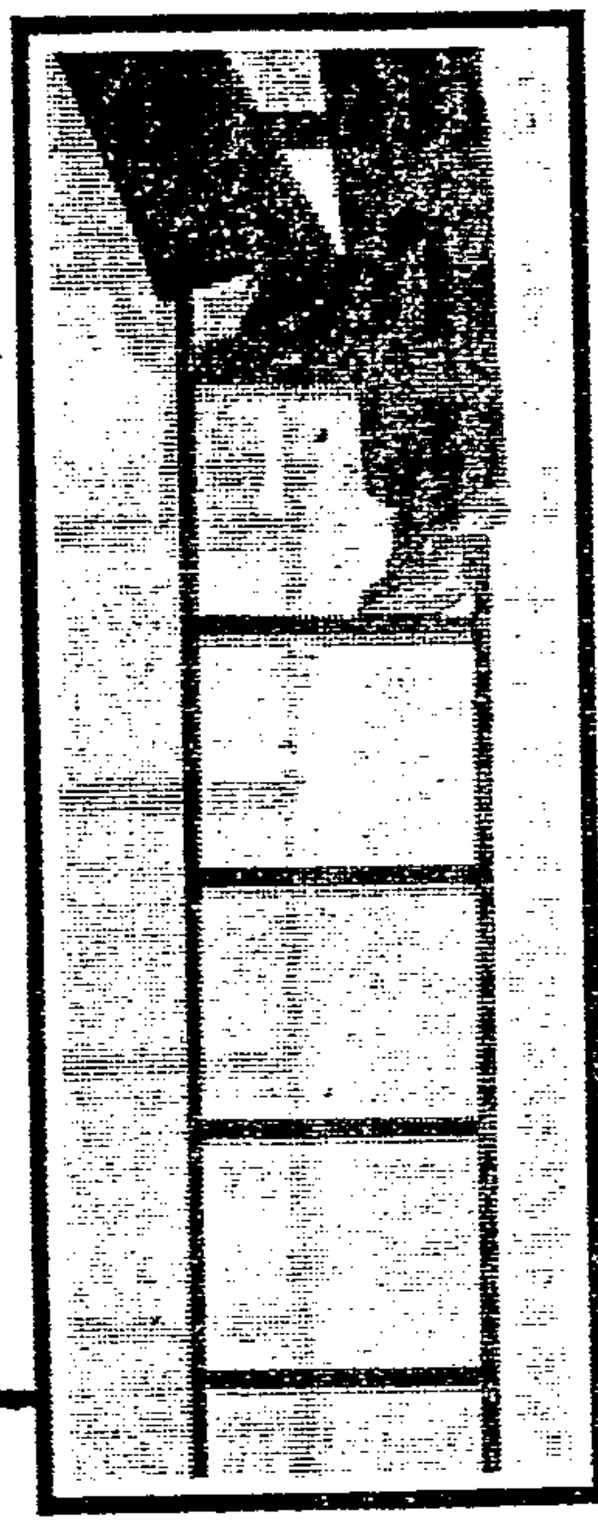
LESS than half of South Africa's infected tuberculosis sufferers have been diagnosed — and the infected "pool" increases by 20 000 annually.

These statistics are contained in a special issue of November's SA Medical Journal, entitled "Tuberculosis in the 80s", which says between six and 10 people die from the disease every day.

The publication says ongoing problems in the fight against TB include:

- Unscientific planning and the "infiltration" of medical staff who make decisions based on opinions, not facts.
- Regional dogmatism and frequent changes to policies, procedures and treatment schedules, "mostly detrimental to the total programme".
- Patient-orientated doctors who fail to extend interest to the national problem.
- Doctors who still advocate radiological case-finding — despite well-documented arguments against this.
- "False predictions and prophecies" by medical men in the 1960s who thought random radiological case-finding and "a meal-a-day would keep TB away".
- The premature reduction of beds for TB patients. The number of beds available was cut by half because of insufficient administration and supervised therapy.
- Failure to mobilise nurses in TB management. "This is often the fault of doctors, who feel threatened in their roles as administrators."
- "Willy-nilly" planning and implementation of control measures by local and regional authorities — often guided by "personal preference and opinion".
- Lack of community involvement, finance, administration and facilities.

The journal advocates a revised national control programme emphasising education about TB and supervised short-term therapy.



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GENERAL NEWS

Navy order 'shows ignorance'

By Lucille McNamara

A South African Navy circular instructing personnel not to discuss military problems with their parliamentary representatives has been criticised by Mr Harry Schwarz, the PFP MP for Yeoville.

The circular warns personnel that strict action will be taken against anyone found disobeying the instruction.

Mr Schwarz has described the circular, which states that personnel should confine their grievances to local issues, as remarkable and unacceptable.

"It demonstrates a high degree of ignorance about the duties of a member of Parliament," he said.

He regarded as serious the threat to personnel to obey the instruction, adding: "Since I have been in Parliament I have handled hundreds of problems for servicemen with the full co-operation of the South African Defence Force."

Mr Schwarz said he encouraged servicemen to have their problems solved through normal channels, but believed members of Parliament could assist when efforts were frustrated.

40 000 TB cases notified in 10 months

More than 40 000 cases of tuberculosis were notified to the Department of Health between January and October this year.

Other diseases notified include: cholera (12 485); measles (6 971); typhoid (2 085); malaria (1 855); viral hepatitis (1 242); meningococcal infection (609); trachoma (433); tetanus (169); poliomyelitis (80); rabies (human contacts) (76); leprosy (54); diphtheria (19); plague (18); paratyphoid fever (10) and haemorrhagic fevers (1).

There were six cases of lead poisoning and one of anthrax.

Pick n Pay

Rhyme!

© WALT DISNEY PRODUCTIONS

Santa warns of coming epidemic'

Tuberculosis scare

MANY more people may be suffering from tuberculosis in South Africa than Government statistics for the past three years suggest, according to Press reports.

The death rate from the disease has soared since 1977 in spite of improved "wonder drugs", such as rifampicin and better diagnosis.

The Department of Health recently announced that the disease was decreasing at a rate of 10 to 20 percent amongst rural black children. But this excludes the important group of pre-school children often found to be highly infectious sources of tuberculosis.

Doctors estimated this week that "untold thousands" of untreated "open" cases could still be at large.

A spokesman for the South African National Tuberculosis Association (Santa) said it mattered little that the statistics of the pre-school group were re-instated in the official totals from August this year. The total number of TB sufferers remained chilling and of epidemic proportions, he said.

TB — a slum disease caused by poor hygiene, overcrowding, malnutrition and poverty — is rampant among black South Africans.

The highly-infectious disease was introduced to South Africa by white settlers at the height of the European epidemic at the turn of the century.

The death rate for South African TB patients in 1977 was 190.9 per 100 000. In 1980 the official figure rose to 202.9 per 100 000. These figures do not include TB-positive preschool children nor figures for the "homelands" of Transkei, Bophuthatswana and Venda.

Last year, more than 10 people died of TB each day and an estimated 52 000 new cases were found.

In the "semi-autonomous homelands" of KwaZulu, Gazankulu and Lebowa, one in every 200 adults suffers from open TB.

A Johannesburg specialist confirmed that the tuberculosis epidemic is so widespread that many clinics and hospitals cannot cope.

The Department of Health has been accused of not fighting tuberculosis with the most modern methods available and has been told its annual TB budget of R43-million is not enough.

Doctors recently demanded that the new drug rifampicin be supplied properly in sufficient quantities to Government hospitals and clinics.

There is said to be a chronic lack of it, although it cures patients in half the time normally needed and thus cuts down on hospital costs.

The Medical Association of South Africa (Masa) recently appealed to the Director-General of the Health Department for help in the matter.

In reply, the department said this week there was not enough money to pay for rifampicin, which costs about a rand a dose per day, compared with about 35 cents for the older drugs. — AFP.

TB kills 6 to 10 each day

By LIZ McGREGOR

BETWEEN six and 10 South Africans die of tuberculosis every day, according to Professor E Glatthaar, head of the Department of Community Health at the Medical University of Southern Africa.

Prof Glatthaar gives this information in an article in a special issue of the SA Medical Journal marking the 100th anniversary of Robert Koch's discovery of the tubercle bacillus.

Eighty-two percent of South Africans who become infected with TB are blacks, 15% are coloureds, 1,5% Asians and 1% whites, says Prof Glatthaar.

Fifty percent of all newly diagnosed patients are admitted to hospital, while 38% of all patients in hospitals are relapsed cases.

According to a medical journal editorial, TB is still a problem throughout the world. At least 3-million people die unnecessarily from tuberculosis every year and another four to five million highly infectious patients are added to the pool of whom two out of three will die within two years.

This pool has increased steadily over the past 30 years, says the editorial.

Six TB deaths a day in South Africa

Mercury Correspondent

JOHANNESBURG—Between six and 10 South Africans die of tuberculosis every day, according to Prof E Glatthaar, head of the Department of Community Health at the Medical University of Southern Africa.

Eighty-two percent of South Africans who become infected are blacks, 15 percent are coloureds, 1,5 percent Asians and 1 percent whites, he says in the South African Medical Journal.

Relapses

Fifty percent of all newly diagnosed patients are hospitalised while 38 percent of all patients in hospitals are relapsed cases.

According to the journal's editorial, TB is still a problem throughout the world.

At least 3 000 000 people die unnecessarily from tuberculosis every year and another 4 000 000 to 5 000 000 highly infectious patients are added to the pool, of whom two out of three will die within two years.

This pool has increased steadily over the past 30 years, says the editorial.

Socio-economic factors, such as poverty, overcrowding and malnutrition, were a major obstacle in the struggle to eradicate the disease, said the editorial.

1982 was a year of medical headlines



Dr Patrick Steptoe . . . test-tube baby pioneer.



Mrs Christina Samane with her son Sithandiwe, who broke all South African records when he weighed 10,3 kg at birth. He was born in October at Sipetu Hospital near Mount Frere in Transkei. Sithandiwe suffers from overaction of the pituitary gland and is expected to grow into a giant.

The world's first permanent artificial heart — which was implanted in a retired American dentist — was the big medical news of 1982.

World headlines were made when Dr Barney Clark (61), who had no other hope of survival, had his diseased heart replaced by one made of plastic and metal by surgeons at the University of Utah in Salt Lake City.

The 7½-hour operation was performed on the 15th anniversary of the first heart transplant, which placed South Africa firmly in the records of medical science.

On the night of December 2, 1967, Mr Louis Washansky was given a new heart at Groote Schuur Hospital in Cape Town. Hundreds of heart transplants have been done since this historic event, including 55 in South Africa.

Heart transplant pioneer Professor Chris Barnard celebrated the 15th anniversary in Cape Town.

And in Johannesburg this year, another revolutionary life-saving treatment for heart attack victims was performed. The treatment known as intra-coronary infusion involves the injection of a drug which dissolves blood clots through a vein in the groin.

Two hospitals also took the first steps this year towards making test-tube babies a reality in South Africa.

The H F Verwoerd Hospital in Pretoria and Groote Schuur Hospital have already started screening infertile couples for in vitro (outside-the-womb) fertilisation.

The opening of these two test-tube baby centres coincides with the visit to South Africa of test-tube baby pioneer Dr Patrick Steptoe of Britain, who addressed a gynaecological congress held in Bloemfontein.

Another internationally-renowned infertility expert, Dr Bruno Lunenveld, also came to South Africa to speak at the congress. Dr Lunenveld, of Israel, pioneered fertility drugs in 1962 — drugs which were responsible for the birth of the Rosenkowitz sextuplets in Cape Town a few years ago.

This was also a year of cholera, polio and plague, mainly in the homelands where people live in overcrowded and filthy conditions and lack basic health needs such as purified drinking water, food, housing and waste removal.

These diseases hit the headlines because they are the more dramatic conditions which people tend to respond to. Little attention is paid to the more dangerous and common conditions such as gastro-enteritis — the biggest killer of black children — or even totally preventable diseases such as measles, which kills 11 children a day in rural areas.

It was also reported this year that there has been an upsurge in the incidence of tuberculosis, South Africa's worst health scourge, which kills up to 20 people a day.

Though the incidence of TB had been steadily declining towards the end of the 1970s, the recent upsurge has been attributed to the increase in the cost of food and unemployment.

An outbreak of typhoid fever at Weskoppies Hospital in Pretoria made front-page news in July. Six patients died and 35 were treated.

Typhoid is a major problem in the rural areas of South Africa, and at one hospital alone in Gazankulu — Tinswala Hospital — 50 typhoid patients are being treated at any one time.

South Africa's major health problems are concentrated in the homelands. Lack of funds and medical personnel in these areas is not going to help stem the tide of ill-health.

Other news events this year include:

- The controversial decision by the South African Medical and Dental Council to hold in secret disciplinary hearings involving the alleged misdemeanours of doctors and dentists. There was a storm of protest from members of the medical profession, including high-ranking Government officials.
- A Transkei baby broke all known Southern African records to weigh in at 10,3 kg at birth. Sithandiwe Simane is expected to grow into a giant. His abnormal size is due to overaction of the pituitary gland.
- A new cosmetic operation to beat the battle of the bulge was performed in South Africa. The body-contouring technique was pioneered by a French plastic surgeon, who perfected a method of dissolving fat and suctioning it out of the body without leaving unsightly scars.
- There was an international salmon scare after the death of a Belgian from botulism. He had eaten salmon from a defective can.

TB is still greatest problem — MOH

(91) E. Post 22/12/82

By SANDRA SMITH

TUBERCULOSIS remained the greatest public health problem in Port Elizabeth last year with more than 2 000 new cases being discovered, according to the annual report of the Medical Officer of Health, Dr J N Sher.

He said about 10 000 contacts of these new cases would have to be traced, a formidable task for the authorities.

The disease was mainly socio-economically engendered and, until these factors were contained and adequately reversed, case finding, preventive vaccination and treatment were unlikely to succeed.

Another major aspect of Dr Sher's report concerned sexually transmitted diseases.

Like TB, these flourished in a background of socio-economic deprivation.

Nearly 13 000 new black patients were treated during 1981 — not including those treated by private doctors.

Burgeoning slum conditions gave cause for concern in potential outbreaks of severe communicable diseases, Dr Sher said.

Statistics showed the number of patients registered at TB clinics dropped from 8 919 in 1979 to 5 132 in 1981.

Dr Sher said black TB patients were not very well off in terms of receiving grants. They got only R88 every second month.

Often there were long delays before a grant was approved and payment made.

Throughout the world there were about 250 million new cases of gonorrhoea and 50 million new cases of syphilis annually.

Port Elizabeth's contribution to these global figures in 1981 were 4 684 and 3 862 respectively out of a total of known new cases of venereal infection amounting to 13 909.

Dr Sher said factors such as lack of adequate social and games facilities, unemployment and "idleness", overcrowded living conditions, lack of education and hygiene, increased permissiveness, urbanisation, family breakdown and incompleted treatment all combined to give the highest incidence in the black population.

Also, the large number of teenage patients attending clinics was becoming quite marked.

Proper housing, proper ablution facilities and proper toilet facilities "plus education on how to use all these essential features of normal life" were of fundamental importance.

Principal causes of death among blacks, besides general external causes, were enteritis and other diarrhoeal diseases, and TB.

Among coloureds the most common cause of death was malignant neoplasms, while among whites and Asiatics it was ischaemic heart disease.

Eighty-nine black male children under the age of one year died because of diarrhoeal diseases, and 29 between the age of one and four and 97 black female children under the age of four died of these diseases.

d for snatching



'or the Coldstream Guards doing a spell of went out on patrol yesterday in the border

vt rejects itish offer try Somes

tried in a court where proceedings had already been initiated.

'It was suggested that an extradition could be facilitated, and which would meet with the relevant British requirements, should be concluded,' said Mr Coetsee.

'It was also suggested as an alternative solution that it was possible, in terms of the British Extradition Act of 1870, to conclude an arrangement whereby a certain category of persons — for example those with dual nationality (which Somes has) — could be extradited.

Aide memoire

'It is apposite to mention at this stage that the South African Government has for the past two decades repeatedly tried to persuade the British authorities that the conclusion of an extradition agreement would be in the best interests of justice,' the minister added.

Mr Coetsee said the South African Government had sent an *aide memoire* to the Foreign and Commonwealth Office on December 16 advancing reasons for its request for Somes's surrender.

The memoire, among other things, pointed out that the crimes were committed in South Africa and it was only logical Somes should be tried in the Republic.

It also pointed out that the victims of the crimes were South Africans and the South African Govern-

reasons, it would be impossible to allow Potgieter, who is serving his jail sentence in South Africa, to leave the country to testify at Somes's trial.

'Should Somes want to call him as a defence witness and it were not possible to meet such a request, the prospect of a successful prosecution of Somes will be diminished,' the memoire said.

'On the other hand, if Potgieter can indeed appear as a defence witness, the danger still exists that his evidence would not promote the successful prosecution of Somes, whereas if they are prosecuted jointly there would be a real prospect of them implicating each other.

'In any event, the probative value of their evidence in a joint prosecution in South Africa could be better determined,' the memoire said.

Potgieter was acquitted on three murder charges and another charge of murder, for which he might still be indicted, was withdrawn, Mr Coetsee said.

But Potgieter had been convicted on 'certain other charges' and sentenced to an effective five-and-a-half years' imprisonment.

Willingness

Mr Coetsee said the South African Government, through its London Embassy, had informed the Foreign and Commonwealth Office yesterday that it did not share its

the statement earlier this week by the minister on the four week-end explosions at Koeberg was 'inadequate'.

The PFP has called on the Government to stop the nuclear power station from going on stream until all construction work has been completed and the public assured that every safety and security precaution has been taken.

Reaction to Mr Hulley's statement, Mr du Plessis last night issued the following counter-statement: 'In view of my statement when I gave the assurance on behalf of the Government that Koeberg I will not be commissioned at the cost of the safety of the public, and my appeal to the community not to over-react as a result of rumours presently in circulation, I am surprised that Mr Hulley, MP, intends launching a campaign which can only result in furthering unfounded anxiety among the general public and of breaking down faith in the responsible authorities.

Safety

'In doing this it would seem that Mr Hulley apparently does not understand my statement and now accuses the Government of acting in an irresponsible manner regarding public safety, in spite of my assurance in this regard.

'In my view matters like these, which are in the national interest, should be kept above party politics'.

Mr du Plessis reiterated an earlier assurance that a licence for the commissioning of Koeberg I would not be issued until all the investigations by specialist and responsible bodies, in so far as the safety of Koeberg was concerned, had been satisfactorily completed.

'I also wish to repeat my appeal to the community not to over-react. It serves no purpose to further feelings of anxiety among the public and Mr Hulley, as responsible representative of part of the community, should know better.'

Numbers down, so Fosa school to close

Mercury Reporter

AFTER serving the community for 37 years, the State-aided Fosa school at the Fosa TB Settlement at Newlands in Durban is to close.

Since January 1946 thousands of children from the neighbourhood have received their formal education at the school.

But, in recent years families in the area have taken up residence elsewhere, particularily in the Phoenix area, and the number of children attending the school has gradually decreased, according to the latest newsletter of the Friends of the Sick Association (Fosa).

Close

It said a recent survey carried out by the Planning Division of the Department of Education had shown that over half of the 110 pupils at the school could be accommodated at the newly-built Newlands Primary School at Briardale which is expected to open in the New Year. About 20 were moving to other areas and the rest could be absorbed in neighbouring schools.

After discussions with the Department of Education it was decided to close the school on December 31.

However, the school buildings will not lie idle as the Natal Provincial Administration has requested Fosa to make available accommodation for a Community Health Centre and the association has decided to offer the school buildings for this purpose.

Leprosy finding may help victims

BOSTON—A group of medical researchers reported yesterday they had

dence that the body's immune system played an important role in deter-

HEALTH AND DISEASE — T.B.

1983 — 1984

TB 'out of control'

Peninsula's poor areas worst hit; doctors expect many more cases this year

By CHARLES RIDDLE, Medical Reporter

PENINSULA doctors are losing the fight against TB with the infectious disease raging out of control in some areas.

Dr Reg Coogan, Medical Officer of Health for Cape Town, and Dr L R Tibbit, MOH for the Cape Divisional Council, report a sharp increase in the disease over the past three years and expect an increased incidence this year.

Dr Tibbit said doctors fighting overcrowding, poor nutrition, bad personal hygiene, the effects of the recession and a lack of compliance with the 24-week curative programme, can at best only hope to keep the disease under control.

Dr Ivan Toms, medical officer at the Empilisweni clinic at Crossroads, today described the situation at the camp as "totally out of hand" with two new cases being confirmed every day.

"Numbers up"

Dr Coogan said TB was "the biggest health problem we have and the only one that is not responding to control measures ... numbers are going up by about a third every year".

He repeated his recommendation that the Government consider returning to the system of TB hostels — abandoned some years ago with the improvement of TB drugs — in which sufferers could be supervised until cured.

Dr Tibbit noted that the "No spitting — Moenie Spoeg Nie" signs so common on public transport years ago may have to be reinstituted.

New cases

In the Cape Divisional Council area, 1 949 new cases of TB were reported in 1981. Last year there were 2 500 — a 22 percent increase in two years.

The picture for City Council areas is similar. In 1981 the council had 2 723 cases. In 1982 there were 3 327. Although final figures are not yet available for 1983 "it will increase over the preceding year", says Dr Coogan.

Although all children are inoculated against the disease, inoculated youngsters from lower socio-economic backgrounds are still at risk.

No guarantee

"Inoculation is not a guarantee in these conditions," Dr Tibbit said.

Dr Toms, whose records show more than 600 new cases last year, noted: "If we were only talking about Crossroads this would be atrocious — probably one of the worst figures in the world. But it includes people coming from the Ciskei and Transkei."

Dr Coogan said: "The position is further compounded by the fact that there is a vast reservoir of TB infection in the Ciskei and Transkei and many people come to Cape Town seeking work and also seeking treatment for their TB."

Divisional Council figures released by Dr Tibbit show that 28 percent of new TB cases (308 out of 1 083) last year were "imported".

Black pins

Dr Tibbit has a chart in his office with pins giving the location of reported new cases of TB. Red pins for single cases, black for 10 cases. The map in areas like Crossroads, Nyanga East, Elsies River and Ravensmead is covered in black pins.

"If we did nothing medically and just improved housing and nutrition we would do just as much good."

TB is an expensive disease to treat, needing a regimen of four drugs over a period of about six months. The cost to the State for each patient is more than R700.

No govt plan on TB surge in W Cape

Cape Times 8/1/82 p1 (91)

Medical Reporter

THE government was not considering any action to control the sharp increase in tuberculosis in the Western Cape, as there was no "proven need for a change in policy" on this disease, a government spokesman said yesterday.

Increase

Dr Nico le Roux, regional director of the State Department of Health, said that the disease was on the decline on a national level. The increase in the Cape was due to an influx of people rather than a worsening situation, and control of TB was essentially the responsibility of local government.

Dr Reg Coogan, Medical Officer of Health for Cape Town, said he had made a number of requests to the government over the years to take certain steps to control the disease. TB was not responding to control measures and government action was necessary.

He said he had repeatedly requested the reintroduction of the TB hostel system, which was scrapped some years ago when the treatment of TB became less time-consuming.

This was extremely important because about 33 percent of patients did not complete their period of treatment. These people then became chronic TB sufferers.

Dr Le Roux said he was not aware that Dr Coogan had made any formal requests to the department for TB control measures.

Dr Coogan said he had been asking the government for the past eight years to improve the housing situation. The socio-economic conditions of the poor were the greatest cause of the spread of the disease.

Backlog

The concept of self-help housing had just been accepted and, if pursued energetically, could make an impression on the housing backlog. However, to be effective in the control of overcrowding and unhealthy conditions, people would have to own the ground they lived on and should have water-borne sewage and electricity.

People should be on the look-out for symptoms such as weight-loss, night sweats and coughing. If these were noticed, a free examination could be obtained from the City Health department.

GARMENT WORKERS INDUSTRIAL UNION (NATAL)

Year	Membership				
	African	Asian and Coloured	White	Total	
1970		..	..	18 633	Ø
1971		..	..	18 633	Ø
1972		..	..	20 633	Ø
1973		25 238	30	25 268	+
1974		...	..	..	
1975		25 130	15	25 145	ж
1976		25 272	11	25 283	ж
1977		26 699	12	26 711	ж
1978		26 699	12	26 711	$
1979		27 483	4	27 487	$
1980		28 000	4	28 004	$

Address: P.O. Box 18359
Dalbridge
4014

One: (031) 61351

Officials: Secretary: M.F

Area of Operation: Natal

Founded: 1934

Registration: Yes

Industrial Council: Cloth

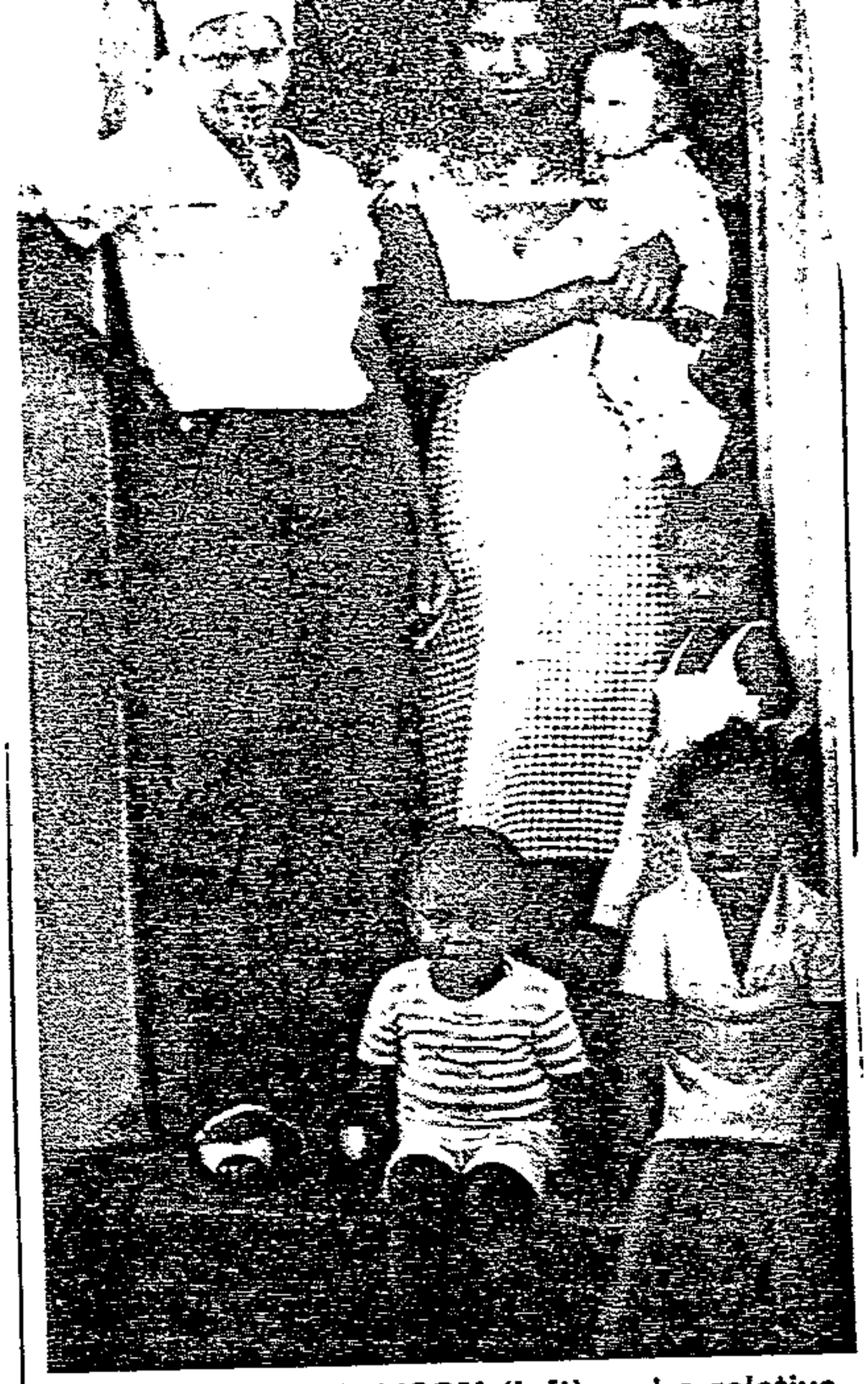
46 000 TB cases noted in 9 months

By Pamela Kleinot

More than 46 000 cases of tuberculosis were recorded by the Department of Health between January and October last year.

Other diseases notified by the department in the 10-month period were: cholera (12 822), measles (8 666), typhoid (2 397), malaria (1 928), viral hepatitis (1 404), meningococcal infection (723), tracheoma (442), tetanus (189), poliomyelitis (105), leprosy (70) and diphtheria (19).

There were also 82 cases of rabies (human contacts), 18 cases of plague, 10 of paratyphoid fever, six of lead poisoning, one case of anthrax and one of Rift Valley Fever.



Mrs MARTHA ROLLISON (left) and a relative, Miss JOAN GROOTBOOM, in the doorway of the tiny room which they share. Miss Grootboom is holding her baby, BASIL. The other children in the picture are (from left) MARSHA, JEROME and RIONA.

Tiny room is 'home' for PE family of five

By RAYMOND HILL

A TINY room behind a service station in Arcadia, Port Elizabeth, has been the home of a desperate couple and their three children, who have been on the waiting list for a council house for the past six years.

Mr Jeremiah Rollison and his wife, Mrs Martha Rollison, have five children. But they have been separated from the two older ones because the room in which they are living is too tiny for the whole family.

One of their children, Marsha, three, suffers from TB and must get regular treatment.

Marsha, Riona, eight, and Jerome, two, share the room with their parents, a relative, Miss Joan Grootboom, and a friend of the family, Miss Magdalene Leander, 20.

Joanne, 13, and Jacqueline, 10, have been forced to stay in Willowmore with their grandmother, Mrs Martha Let. They have to stay with relatives in the northern suburbs when they visit their parents during the school holidays.

Mr Rollison, a cleaner at a motor plant in the city, said he moved into the room behind the service station in Esterhuizen Street, Arcadia, nearly three years ago.

The couple and their children sleep on the floor and Miss Grootboom, her five-month-old baby, Basil, and Miss Leander share the only bed in the room.

The proprietor, Mr Ebrahim Ismail, offered Mr Rollison the place rent-free after learning about his plight.

(91) Hansard Q. Col. 635
15/3/84

Tuberculosis

453. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) How many cases of tuberculosis were reported in 1983 in each (a) province and (b) national state whose government had not taken over health services;

(2) how many cases of tuberculosis were hospitalized in each (a) province and (b) such national state in 1983;

(3) how many tuberculosis patients died in each (a) province and (b) such national state in that year?

The MINISTER OF HEALTH AND WELFARE:

(1) (a)
Cape	20 719
Natal	6 592
OFS	4 434
Transvaal	15 452

(b)
Kwandebele	234
Kangwane	618

(2) (a)
Natal	8 390
Cape	22 148
Transvaal	19 055
OFS	7 042

(b) information not available;

(3) (a)
Cape	1 254
Natal	88
OFS	89
Transvaal	611

(b)
Kwandebele	1
Kangwane	19

Bubonic plague

454. Dr M S BARNARD asked the Minister of Health and Welfare:

How many cases of bubonic plague were reported in each province of the Republic in 1983?

The MINISTER OF HEALTH AND WELFARE:

None.

Pietermaritzburg/Durban: water requirements

465. Mr M A TARR asked the Minister of Environment Affairs and Fisheries:

Whether his Department has made any projections in regard to (a) population growth in, and (b) the resulting estimated future water requirements of, the Pietermaritzburg/Durban region; if so, (i) when and (ii) what were the results concerning the estimated (aa) population growth and (bb) water requirements in respect of each race group in this region?

The MINISTER OF [illegible] ENVIRONMENT AFFAIRS AND FISHERIES:

(a) and (b) Yes.

(i) The most recent projection made in December 1983

(ii)(aa)

Population in respect of each race group (million)

Year	Whites	Coloureds and Asians	Blacks	Total
1980	0,393	0,606	0,710	1,709
1990	0,486	0,839	1,069	2,394
2000	0,588	1,064	1,525	3,177
2010	0,696	1,323	2,095	4,111
2020	0,764	1,655	2,775	5,191
2030	0,913	1,978	3,520	6,411

(ii)(bb)

Estimated domestic water requirements in respect of each race group (million cubic metres per annum)

Year	Whites	Coloureds and Asians	Blacks	Total
1980	47,2	22,4	14,2	83,8
1990	74,6	33,2	25,7	133,5
2000	82,7	50,0	45,8	178,5
2010	108,1	72,5	80,6	261,2
2020	113,4	112,4	130,2	356,0
2030	118,7	158,2	204,2	481,1

The figures furnished are in respect of the area of supply of the Umgeni Water Board.

Railways Police posts

467. Mr S S VAN DER MERWE asked the Minister of Transport Affairs:

(1) (a) At which railway stations in the Cape Peninsula are there South African Railways Police posts and (b) what is the staff complement of each such post;

(2) what is the staff complement of the South African Railways Police post at D F Malan Airport?

The MINISTER OF [illegible] TRANSPORT AFFAIRS:

(1) (a)
Cape Town	
Salt River	
Maitland	
Bellville	
Eerste River	[illegible]
Langa	
Nyanga	
Bontheuwel	[illegible]
Philippi	
Lavistown	
Heideveld	
Table Bay Harbour	[illegible]

(b) and (2) This is [illegible] is classified information which cannot be divulged.

Tuberculosis

543. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

(1) How many cases of tuberculosis were reported in (a) the latter half of 1981 and (b) 1982 in each (i) province and (ii) national state whose government had not taken over health services;

(2) how many cases of tuberculosis were hospitalized in each (a) province and (b) such national state in (i) the latter half of 1981 and (ii) 1982;

(3) how many tuberculosis patients died in each (a) province and (b) such national state in (i) the latter half of 1981 and (ii) 1982?

The MINISTER OF HEALTH AND WELFARE:

(1) (a) (i) *1981 (Latter half)*

Cape Province	9 183
Natal	2 708
O.F.S.	1 810
Transvaal	8 080

(a) (ii) *1981 (Latter half)*

Kangwane	260
kwaNdebele	Nil

(b) (i) *1982 (Whole year)*

Cape Province	20 887
Natal	6 287
O.F.S.	3 552
Transvaal	16 480

(b) (ii) Kangwane 655
kwaNdebele ..... Nil

(2) (a) (i) *1981 (Latter half)*

Transvaal	9 857
Cape Province	7 066
Natal	6 699
O.F.S.	1 767

(ii) *1982 (Whole year)*

Transvaal	18 475
Cape Province	12 611
Natal	11 074
O.F.S.	2 654

(2) (b) (i) *1981 (Latter half)*

Kangwane 246

(ii) *1982 (Whole year)*

Kangwane 665

(3) (a) (i) *1981 (Latter half)*

Cape Province	726
Natal	32
O.F.S.	34
Transvaal	273

(ii) *1982 (Whole year)*

Cape Province	1 344
Natal	68
O.F.S.	90
Transvaal	581

(3) (b) (i) *1981 (Latter half)*

Kangwane 14

(ii) *1982 (Whole year)*

Kangwane 25

Hansard Q. 61.81-1

Tuberculosis

25/3/83

542 Dr M. S. BARNARD asked the Minister of Health and Welfare:

(a) What drugs are used by his Department in the treatment of tuberculosis and (b) what was the total cost of such drugs in the 1981-82 financial year?

The MINISTER OF HEALTH AND WELFARE:

(a) Ethambutol:
Isoniazid
Myrnah
Pyrazinamide
Rifampicin
Streptomycin

MARCH 1983

Ethesium
Ethionamide

(b) R5 [illegible]

30 walkout TB patients 'will not be treated'

28/4/83 E. Post (91)

By SHARON LI GREEN

THE medical superintendent of the Jose Pearson Tuberculosis Centre in Bethelsdorp, Dr J van Rensburg, said today he would definitely not treat the 30 TB patients who staged a walkout on Tuesday if they were readmitted to the institution.

The walkout occurred after police allegedly assaulted one of the patients.

Dr Van Rensburg added it was his firm policy not to take back any patient who walked out. He said he would have to be fired first.

The patients' eviction was spotlighted by the Evening Post yesterday.

Dr Van Rensburg was reported in a morning newspaper to have said he "did not care" if they were seriously ill and that the patients were "now a danger to the public but that is their problem".

In an interview today he clarified this by saying that once a patient started TB treatment he was no longer a danger to the public, but when he discontinued treatment he could get reinfected and be a danger not to the public but to himself.

Dr Van Rensburg described how Tuesday's incident arose.

He said a patient, Mr Mtutuzele James, was caught smoking dagga by a nursing sister on April 21. He was reported to the matron, Mrs A Terblanche, who then gave him a chance to stay in hospital.

Mr James later became aggressive and the nursing sister told Mrs Terblanche to leave him alone.

Mr James continued to be aggressive and on April 24 at 9am a security officer contacted the police who arrived at 4.10pm. The police did not arrest him but merely evicted him.

A Fort Hare student, Miss Pumla Gqunta, telephoned the matron and "demanded" she meet them immediately to discuss the patient's eviction.

The matron told Miss Gqunta to first form a committee before she would hear their grievances. Miss Gqunta refused.

Dr Van Rensburg said the next morning he was confronted by Miss Gqunta and Mr Reginald Mbanga about an alleged assault on the evicted patient.

He told them if they were dissatisfied they could leave. "I then discharged them."

About 28 patients then staged a sit-down strike in front of the matron's office. They were ignored.

"They walked out of the hospital in apparent sympathy with the discharged patients," he said.

CAPE Times 29/4/83

Unhappy TB patients quit

Own Correspondent

PORT ELIZABETH. — The superintendent of the Jose Pearson Tuberculosis Centre, Dr J J van Rensburg, has refused to readmit 30 patients who walked out — because they took a complaint to a Progressive Federal Party MPC.

Dr Van Rensburg said he would have to be "sacked" before the patients were readmitted.

The patients said they had walked out because they were unhappy with the way another patient, who had been caught smoking dagga, had been forcibly removed by police.

Dr Van Rensburg said the man had been caught smoking dagga last week and had been reprimanded by a sister.

"After this he became aggressive and so he was discharged. He then threatened the African staff in the matron's office, so much so that they had to call the police. When the police arrived some time later to remove him, he resisted and they had to do it by force."

According to Dr Van Rensburg, the patients had then telephoned the matron at home, demanding that she come back to deal with their grievances. They then called other patients into the diningroom and decided to start a hunger strike.

He said the 30 patients at the hospital on Tuesday had denied they had political motives, yet they had approached Mrs Molly Blackburn, PFP MPC for Walmer, instead of going to the authorities.

"They later asked to be readmitted and I refused because we have such a long waiting list."

Dr Van Rensburg said the patients who had left stood "a good chance" of becoming reinfected. This was "their own problem".

● Forty-year-old Mr ture outlet. — DDR

D.D. SPATCH

Winter could increase TB

13 MAY 1983

(9)

EAST LONDON — Winter could herald an increase in the incidence of tuberculosis, according to Dr L. B. Schneider of the Duncan Village health centre.

"There are many factors besides infection which cause tuberculosis," he said.

Cold, malnutrition, housing shortages and lack of jobs all contributed to the increase in TB.

Last year, 682 people were treated for TB, and during the first three months of 1983, approximately 170.

"For every known case, however, there are at least two unknown," Dr Schneider added.

Symptoms of TB were loss of weight and energy, and coughing of blood.

People suffering from these symptoms should seek immediate medical attention, he said.

To create a greater awareness of the dangers of TB, the South African National Tuberculosis Association (SANTA) has declared May 21 to 28, SANTA week. — DDR

Call for greater fight against TB

CAPE TIMES 24/5/83

91

Staff Reporter

THE Mayor, Mr Kosie van Zyl, yesterday appealed for public support for better housing, living conditions and wages for "all those ill-equipped to banish tuberculosis from their door".

Speaking at a lunch to mark Santa's Awareness Week, Mr Van Zyl said that as a society "we should all consider very seriously whether we are doing enough to remove the principal causes of TB".

"TB germs flourish in overcrowded, badly ventilated rooms with little or no sunshine," he said. "People living in such conditions are more likely victims, and if they are not properly fed, their chances of getting TB increase."

Mr Van Zyl said many people lived in an affluent section of the South African society, "richly blessed with more than enough of the simple gifts of food and shelter, which if enjoyed by all, would lay the scourge of tuberculosis to rest".

He pointed out that TB claimed the lives of 10 people in South Africa every day, and though the government spent R40-million every year on it, the problem was 17 times greater in South Africa than in Canada, which spent substantially more.

All-out war on TB scourge urged

Argus 24/5/83 (91)

Medical Reporter

AN AVERAGE of 150 new cases of tuberculosis are reported daily in South Africa, according to Mr Peter Anderson, national chairman of SANTA.

Launching SANTA week at a lunch at the Civic Centre in Cape Town yesterday, Mr Anderson said many TB cases went unreported and the incidence could be twice as high.

The Mayor, Mr Kosie van Zyl, said tuberculosis was flourishing and "we are not doing anything like enough about it".

"Tuberculosis claims the lives of 10 people in South Africa every day and although the Government spends R40-million every year on control, the problem is 17 times greater in South Africa than Canada, which spends substantially more."

Training

Among the ways business and industry could help to combat TB was by giving money and by training staff as health educators "to assist in identifying sufferers and preventing tuberculosis on the spot in the workplace".

As a society "we should all consider very seriously whether we are doing enough to remove the principal causes of tuberculosis".

TB flourished among malnourished people in overcrowded, badly ventilated rooms with little or no sunshine.

The mayor said people should support the plea for better housing and living conditons and "better wages for those ill-equipped to banish tuberculosis from their door".

Margaret Thatcher, you are certainly not a lady!

Argus Foreign Service

LONDON. — A black-bearded man who changed his name by deed poll to Margaret Thatcher may stand against Britain's Prime Minister in her own constituency of Finchley, North London, in the June 9 general election.

Wearing a blue beret, Mr Thatcher waited anxiously outside Finchley town hall yesterday hoping to learn if he would be allowed to stand.

While he waited the election agent of the other Margaret Thatcher, Mr Andrew Thomson, searched through legal textbooks for ways of barring his challenge. Mrs Thatcher is standing in Finchley for the eighth time.

The chief executive and acting-returning officer, Mr Michael Bennett, has promised Mr Thatcher a decision late today after he has taken legal advice.

Mr Thatcher, wearing gym shoes and leg-warmers, described himself as being a "one-parent family" in Southwark, South London, and refused to reveal his previous name.

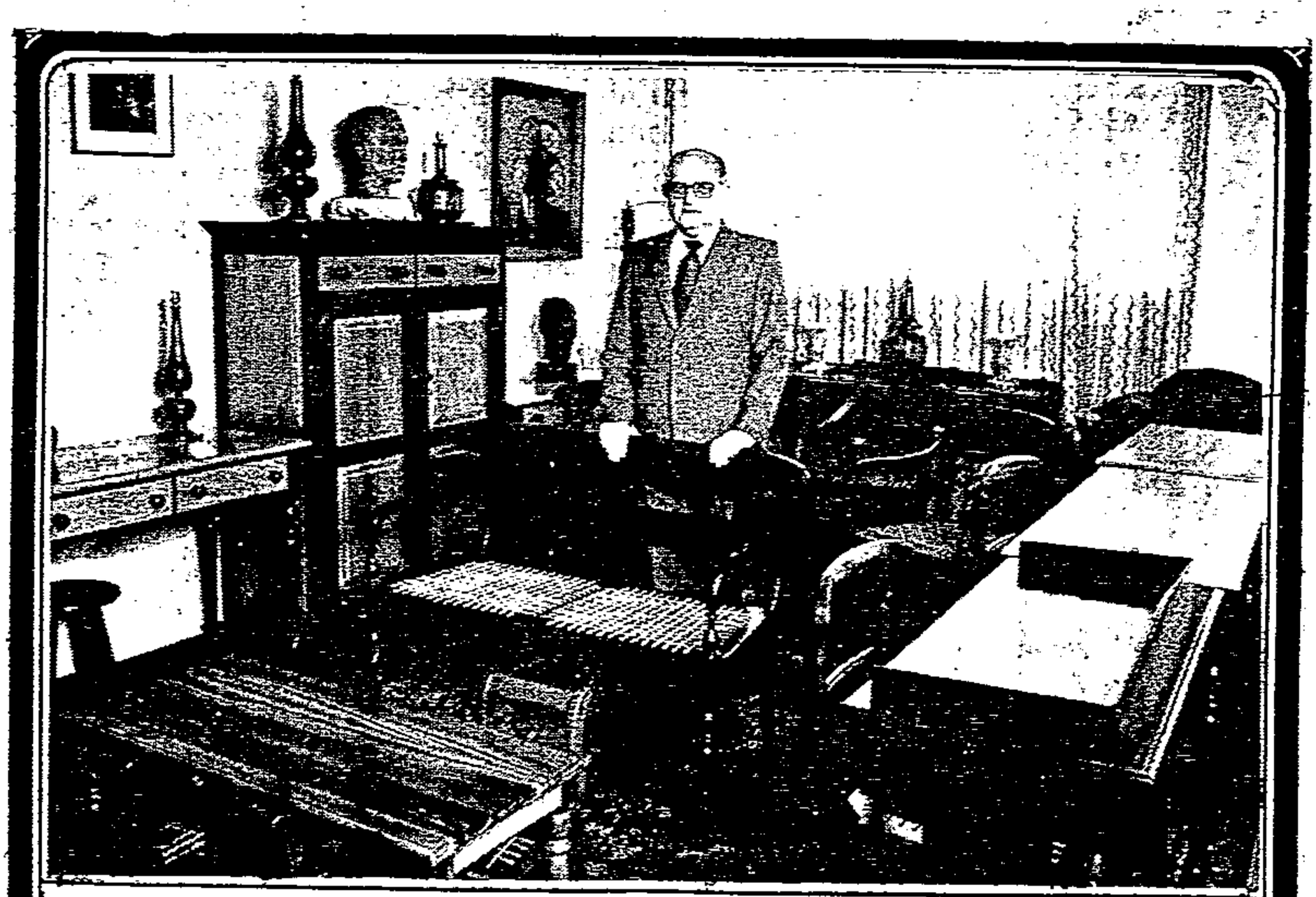
"I'm standing to prove how undemocratic the whole system is," he said.

To throw Finchley voters into further confusion if his name appears on the ballot paper, Mr Thatcher stands for the "Conservationist Party", an organisation of his own invention.

Mrs Thatcher represents the Conservative Party.



Mrs Margaret Thatcher



6 MAY 1983

D. DISPATCH

E. Cape has highest TB incidence — Gloster

EAST LONDON — Two per cent of the adult population in Ciskei and four per cent in Transkei suffered from tuberculosis, the chairman of the Border branch of the South African Christmas Stamp Fund, Mr W. Gloster, said here last night.

Mr Gloster was delivering the chairman's address at the fund's annual meeting.

He said the Eastern Cape, including Transkei and Ciskei, still had the highest incidence of TB in South Africa.

"And this is why we want to involve everybody," he said.

Gloster added that economic times like the recession gripping South Africa always led to the thriving of TB. "We feel that our most important task in fighting the disease is health education to combat its causes and spread," he said.

Although medical men had isolated the germ causing the disease 101 years ago, the disease still thrived. He emphasised desertion from treatment as one of the major problems but added that many cases were not reported and some people died without receiving any treatment. Total sales of stamps in 1982 had increased by R1 967,10 to R5 588,62, Mr Gloster said. There had also been a marked increase in the sale of Christmas cards calendars and other sundry items.

The Mayor of East London, Mr Errol Spring, who was chairman of the meeting, said he did not believe the fund could survive without the public support it enjoyed. — DDR

PE has one of the highest TB infection rates in SA

By SHARON LI GREEN

PORT ELIZABETH had one of the highest number of tuberculosis cases *pro rata* in South Africa, the Municipal Medical Officer of Health, Dr J N Sher, said today.

Three hundred people died of TB last year while 2 607 cases were notified in Port Elizabeth.

Of the deaths, 228 were black, 71 coloured and one Asiatic, while the breakdown for the notification figure was 1 925 black, 646 coloured, 31 white and five Asiatic.

Infectious disease remained the greatest public health problem of the Health Department.

The formidable task facing the department was that about 10 000 contacts of the notified cases would have to be traced, assessed and treated.

Dr Sher said that 50% of the health department's total annual budget was spent on TB work.

A former Medical Officer of Health, Dr J Richter, said: "All known predisposing factors such as poverty, overcrowding, poor housing, undernourishment and physical and mental strain create conditions favourable to the spread of tuberculosis in the most susceptible population groups."

Dr Sher said the poverty-stricken, the poorly educated and the ignorant, and particularly those living in the high-density areas of the coloured and black townships were hit by the scourge.

"TB is mainly engendered by socio-economic factors, and until these adverse factors are contained and adequately reversed, preventive vaccination, case finding and treatment are unlikely to succeed in the short or medium term," said Dr Sher.

In the Eastern Cape 7 000 cases were reported from March last year to March this year. For the same period, a total of 47 206 cases were notified in South Africa, 5 593 for the self-governing states and 10 049 for the independent states.

TB was a killer disease if not treated in time. There was no organ of the body that remained safe from attack once it entered the bloodstream. But once a person was on effective, continuous treatment then he would not infect others, Dr Sher said.

Santa, which actively fought TB throughout the year, highlighted the disease this week in its Santa Week, with this year's theme as "help yourself to health".

Mrs Adele Ossher, chairman of the publicity and public relations committe of Santa in Port Elizabeth, said the emphasis was on encouraging the public to take preventive measures by having themselves immunised at clinics and to eat healthily.

Krynauw stresses awareness of TB

Post Reporter (91) E. Post 2017/83

MORE community involvement was needed in educating the public on the seriousness of tuberculosis and of identifying needs within communities, according to Dr J Krynauw, Regional Director of Health and Welfare for the Eastern Cape.

Speaking at the annual meeting of the South African National Tuberculosis Association last night, Dr Krynauw said one of the State Health's main priorities was training health personnel in community service.

But apart from assistance from health authorities, what was needed was further involvement within the communities, motivating them to identify their own needs and assisting where possible.

Santa's health educators had already played an invaluable role by raising awareness of the symptoms of the disease and the importance of continuous treatment among TB patients.

But Santa could play an even greater role.

"Community development within a structured community is a slow process dependent on finance," he said. "Here Santa can play a greater role by motivating people."

Problems continued to be faced by health authorities were:

- Tracing the true number of tuberculosis patients in the country.
- Improving supervised ambulatory treatment.
- Reduction of endogenous reaction for which a contributing factor was socio-economic aspects.
- Reducing the risk of infection.
- Incomplete BCG inoculation against TB.
- The high mortality and morbidity rate.
- Unpredictability of the disease progress.

Last night Mr L Oosthuizen was re-elected president while Mr L Dubb was re-elected vice-president. A special meeting of the newly elected executive committee will be held at the Santa office, Allandor House, Parliament Street, Port Elizabeth, next Tuesday at 4.45pm.

D. Dispatch 23/8/83

Call for community aid in TB battle

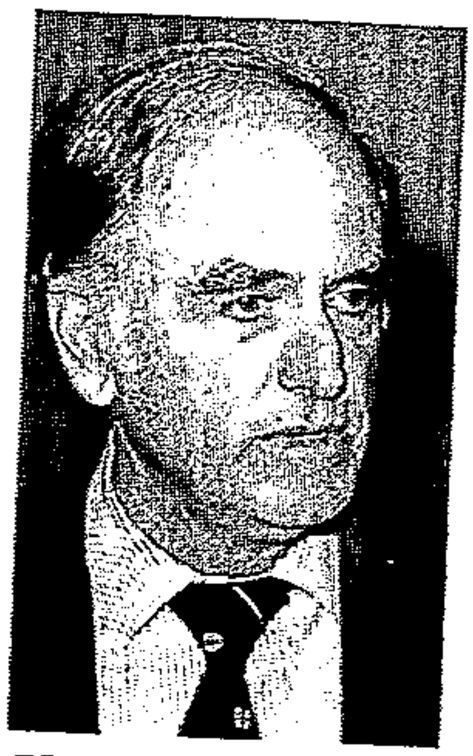
91

EAST LONDON — The community should get involved in helping the South African National Tuberculosis Association (SANTA), as TB had a dramatic effect on family life as well as on the economy, the mayor of East London, Mr Errol Spring, said at the opening of the annual conference of SANTA here yesterday.

Mr Spring said the economy of the country was severely restricted because of the lack of skilled manpower.

This could be related to the fact that between 50 000 and 60 000 new cases of TB were reported each year, and also, in 1982, the recorded incidence of the disease per 100 000 of the population, had increased from 192 to 204. An average of 10 people a day died from the disease, he said.

A major community orientated self-help programme would be launched by SANTA soon, and would concentrate on the treatment of children and the promotion of proper nutrition by the establishement of vegetable gardens and self-help feeding schemes.



PROF SMITH . . . ignorance disastrous

Among the schemes already in East London, was the successful Marina Glen Tea Garden, which now was the main source of income.

Local community involvement included a feeding scheme for the dependents of TB sufferers, as well as assistance with rents, school books and other work which may be needed.

Mr Spring said in the coloured areas the care group runs soup kitchens at various schools for about 6 000 pupils.

An education and immunisation team was involved in house to house visits teaching basic health care, stressing good dietary methods, testing for TB and giving vaccinations where needed, he said.

"But SANTA cannot do this all alone. They need the help of the community as well. There is an urgent need for more direct involvement in this work by the community," Mr Spring said.

Lecturing on the problems of TB, Professor L.S. Smith, chief government pathologist at the University of Cape Town, said poverty, lack of education, poor hygiene and poorly ventilated areas were some of the main causes of TB.

Prof Smith said the extent of ignorance in lower income groups about TB was disastrous. Some people had not even heard of the disease.

Additional causal factors included alcoholism and stress.

Abour R3 million a day was spent on the purchase of alcohol, which in turn led to physical and emotional abuse, which led to stress.

Stress meant being in disharmony with one's environment, and this related to a vicious cycle which made a person more susceptible to stress, or the consequences of diseases, Prof Smith said.

Dr H. Nelson, chairman of the medical committee, said that most medical students had inadequate education about TB, that overseas, TB patients were kept in the same hospitals as all other patients, hence the medical student came into closer contact with the disease.

Many doctors here, however, were not properly taught to diagnose TB, and often sent patients with a completely different disease to a SANTA hospital.

He said letters had been sent to all universities asking them to pay more attention to schooling their students in TB diagnosis. — DDR

Educators' role defined

EAST LONDON — Tuberculosis (TB) health educators were frequently used for other duties, SANTA's health educator committee said in a report to the annual general meeting yesterday.

The chairman of the health education committee, Dr E. Glatthaar, said health educators, who were specially trained in case finding, assisting with the administration of treatment to TB patients and the improvement of socio-economic, nutritional and stress factors, were used for duties like transportation of patients, cholera control and tracing of defaulters and contacts.

This was not the tasks of a TB health educator, he said.

Dr Glatthaar also said better control and supervision of TB health educators in the field were being investigated.

He said there were serious misunderstandings among the public as well as members of SANTA regarding the funding and budgeting of a TB health education programme.

The Department of Health was responsible for seven eighths of the costs of training and maintenance, and SANTA was responsible for one eighth, he said.

There was a shortage of TB health educators — the ratio being in the region of one to 10 000 people or more.

The co-operation of the community was needed to help educators in their specific field of work. — DDR

F.S.B.
?

Unpasteurised milk blamed for disease

By
SALLY FLETCHER

EAST LONDON — An increase in the incidence in brucelosis, a disease contracted mainly from the drinking of unpasteurised milk, is causing considerable concern among medical authorities in the Aliwal North district.

Dr J. D. Krynauw, regional director of the Department of Health and Welfare in Port Elizabeth, confirmed that the diagnosis of the disease was increasing although brucelosis had been present in the area for many years.

"Brucelosis is closely connected with contagious abortion among cattle and goats and it can be contracted in several ways," Dr Krynauw said.

"Farm workers are susceptible to the disease because of the handling of animals involved on the farm, particularly when cattle give birth.

"It can also be contracted through the drinking of unpasteurised milk but many people think that pasteurisation is not the answer and that purification of diseased cattle should be the main priority," Dr Krynauw said.

He said that if total public co-operation were to be attained, and that all unpasteurised milk were boiled before consumption, the disease could be brought under control.

"But it is a very long process and also a very sensitive issue because of the economic implications. It took a long time for brucelosis to be stamped out in Britain and it will take a long time here," Dr Krynauw said.

The disease is often difficult to diagnose, having symptoms compatible with those of flu.

A sufferer may experience a high temperature, pains in the joints and general lassitude among other symptoms.

The disease is also recurrent — it may subside for a period of months after treatment to recur again at a later stage.

Dr W. F. Howard, medical officer of health for Aliwal North, would not give a definite figure for the number of cases registered but said it was "about 30".

"The thing is, the local people here are looking for brucelosis. The disease is fairly ubiquitous but elsewhere it is diagnosed as flu. Many people here have had it for years without being aware of exactly what they were suffering from," Dr Howard said.

"The answer lies with the farmers — they must inoculate their cattle: As medical officer all I can do is ensure that all the milk that passes through the dairies is pasteurised but a great deal of milk distributed directly from the farms is not pasteurised," Dr Howard said.

Dr Howard said there was no definite cure for the disease but that symptoms could be alleviated and sometimes disappeared completely.

"The problem is that the germ is intranscellular — that is it exists within the cell. So to destroy the germ one has to effectively destroy the cell."

Mr J. Stott contacted the Dispatch to tell them he was suffering from the disease and described his symptoms.

"It is a depressing syndrome. One feels very weak and suffers from headaches and pains in the joints.

"The treatment is also unpleasant — heavy doses of antibiotics which are terribly expensive. Medical bills for treatment run to about R100 a month and a course of treatment lasts for about three months," Mr Stott said.

"After a course you have to go back to the doctor for a blood test. If it is negative you are presumably clear but the disease often recurs and the whole pattern of tests, treatment and more tests repeats itself."

Mrs L. Bekker was one of the earliest cases detected in the area. She was diagnosed as having brucelosis six years ago and has suffered recurring bouts about twice a year ever since.

"I have been everywhere for treatment to specialists at Tygerberg, Pietermaritzburg, Bloemfontein. They just don't seem to be able to cure this thing completely," Mrs Bekker said.

She eventually obtained treatment from Australia which helped for about a year before the disease recurred.

Mrs Bekker's husband and son also suffer from the disease.

"It is an awful illness to suffer from but I have resigned myself to living with it for the rest of my life. Many people in our area have brucelosis and a lot of them are at their wits end to know what to do," Mrs Bekker said. — DDR.

ARGUS 30/11/83

'Medical staff have to fight patients as well as TB'

Argus Correspondent

PAARL. — Doctors and nurses are abused, cursed and even attacked by dogs when they call at the homes of some known TB sufferers here, says the town's Medical Officer of Health.

More than 100 cases — 10 percent of TB sufferers in the area — are obstructing attempts to involve the community in the municipal health department's campaign against the disease, says MOH Dr P Rens.

It would be impossible to wipe out TB in the Paarl coloured community within 20 to 30 years if the solution lay with that minority, he said in a report to Paarl Town Council.

Arrogance, prejudice

He said their arrogance, prejudice and recklessness, encouraged and assisted by friends and relatives, created many problems and obstacles for officials of the Paarl municipal health department in their battle against the disease.

Nurses, medical officers and their staff were abused, cursed and even attacked by dogs when they called at the houses of more than 100 TB sufferers in the Paarl municipal area.

These patients destroyed the ideal of the health department to create a community involvement in the struggle against the disease.

"Impossible situation"

Dr Rens said his medical team had no authority to deal with the "impossible situation" and urged the council to find a way to make treatment of TB compulsory.

TB sufferers and their friends and relatives had to co-operate by reporting TB cases and submitting freely and voluntarily to treatment.

11/1/84

The Star Wednesd

TB to hit crisis figures in 91 drought's wake

Drought, overcrowding and unemployment could result in record numbers of new tuberculosis cases in South Africa and the homelands this year, Santa said yesterday.

An editorial in Santa News, the journal of the South African National Tuberculosis Association, said 1984 would be a crisis year for the organisation.

The spread of the disease would be especially harsh among black people in South Africa and in the homelands.

"It is inevitable that we will see a countrywide escalation," said Miss Julia van Heerden, Santa's public relations officer.

She said the latest available figures showed that 61 980 new cases of the disease were reported in 1982, of which 40 578 were among the black population.

Provisional figures for 1983 showed that more than 46 000 people contracted tuberculosis outside the homelands during the first nine months of last year, she said.

Scattered reports were being received of greater numbers of patients in hospital because of the disease which could normally be treated on an out-patient basis.

Overcrowding, unemployment and other effects of the drought lead to stress, which runs down the whole health system and makes it easier for people living in such conditions to contract the disease.

She said Santa would have to provide greater assistance and more money would have to be found to finance new and existing projects, including the provision of food and clothes parcels, helping with the payment of rents and field work such as vaccinations and testing for the disease.

A new plan to help prevent the spread of tuberculosis would be launched in the Western Transvaal town of Lichtenburg this month in which black schools and the community would be involved.

The project would promote the growing of vegetables, especially at schools. Infected children in whom the disease is not active would be treated by trained staff at schools in the town.

Miss van Heerden said the scheme had been approved by the Department of Education and Training, and Santa hoped to extend the project to Klerksdorp and Potchefstroom soon and to the rest of the country by July.

It had been estimated that combined spending by the Government and Santa in fighting tuberculosis, in addition to expenses incurred due to lost productivity, amounted to more than R100 million a year. — Sapa.

'Alarming' TB increase among coloured

Staff Reporter

THERE has been an "alarming" spread of tuberculosis among coloured people in the past few years, according to a report in the SA Medical Journal.

The incidence of pulmonary TB — up to 97 percent of all TB cases notified — had remained steady or declined among blacks, Asians and whites, but there had been a "steady rise" among coloured people, said the report.

In the Western Cape the rate had risen from 255,3 cases for every 10 000 people in 1971 to 332,9 in 1981.

"The rate for the Northern Cape has increased from 253,5 to 364,9, while the incidence in the OFS has gone up from 195,5 to 368,9."

The report described the increase in TB as alarming.

"The next step must clearly be an in-depth inquiry in these areas."

Call for more spending to fight TB

Medical Reporter

TUBERCULOSIS — South Africa's worst health problem — will continue to spiral if more money is not spent on high technology and preventive health care.

And one of the most important aspects of primary health is education at all levels.

This was agreed by a panel discussing TB at the AGM of the South African National Council for Health Education (SANCHED) yesterday.

But education was not the only vital aspect in stopping the disease, which has escalated annually from 826 registered black sufferers in the divisional council area in 1978 to 1 358 in 1983, panel members said.

Dr F Mitchell, of SANTA, called TB a social disease with medical aspects. "If every child were properly housed and nourished, we could close half the hospitals — particularly TB hospitals," he said.

Dr L Tibbit, Divisional Council MOH, said that only two to three percent of the health budget was spent on preventive health. More spent at this level would lead to a cut in hospital costs.

A suggestion from the floor, to be taken up by Dr Tibbit, was that simple pamphlets on health care could be given to the vast numbers of people travelling on buses from the homelands, many of whom were in advanced stages of the disease and did not survive the journey.

There was a vast shortage of health educators — people trained to teach members of the community how to prevent the disease and recognise the symptoms.

But for this, training courses were needed, as well as government-subsidised posts to provide motivation for training.

Health educators were needed in clinics, schools and hospitals, where TB sufferers could be taught to carry the information back into the community.

Dr D Jenkin, medical superintendent of Brooklyn Chest Hospital, said they were "only scratching the surface" in educating their patients, because of a lack of trained educators.

'Shanty healthier than a normal brick home'

Medical Reporter

FOR the city's poor it could be healthier to live in a shanty than in a conventional brick home.

Location maps for TB show that the disease existed mostly in the overcrowded housing estates — and not in shanty areas.

Cape Town's Medical Officer of Health, Dr Reg Coogan, said overcrowded housing schemes in the Peninsula were a major factor in the spread of TB.

BACKLOG

He called for the immediate implementation of self-help housing to help to solve the problem.

The housing backlog was unsolvable using high-standard housing — "whole lifetimes were going past with the backlog still there and getting bigger" — and the only solution was to lower housing standards under control.

The high standards insisted upon in housing schemes in the recent past were partly responsible for the high incidence of TB. The city's huge housing backlog had led to overcrowding as high-standard schemes could not keep pace with population growth.

PARADOXICAL

"It is not uncommon to find 14 to 19 people occupying a house intended for three or four. As far as the medical aspects are concerned there is great overcrowding in the City Council townships."

The paradoxical point was that in buildings of poor quality, but where overcrowding may not exist, TB did not spread so rapidly.

Dr Coogan said he was "very gratified" that self-help housing had become an accepted part of the Government's housing policy.

SERVICES

But security of tenure, building under skilled control and laid-on services — particularly water-borne sewerage and possibly electricity — were necessary prerequisites of any self-help scheme.

The provision of housing for all was one of the most important factors in the elimination of TB.

But it would be many years before Cape Town got the incidence down to the standard of a European city, he said.

'Make use of clinics to beat TB menace'

(91) E Post 18/1/84

By MARTIN STRYDOM

THE Eastern Cape Regional Director of Health, Dr J D Krynauw, has urged blacks to make use of community clinics to counter an expected rise in the incidence of tuberculosis.

This follows hard upon warnings that drought, overcrowding and high unemployment could result in a record number of new TB cases being recorded South Africa this year.

The Eastern Cape has been singled out by the South African National Tuberculosis Association (Santa) as an area where TB outbreaks are likely to be worst.

Santa's director of publicity in the Eastern Cape, Mrs Adele Ossher, said there were at any one time between 120 000 and 150 000 people countrywide undergoing treatment.

"But many remain undetected," she said.

Santa records showed that 61 980 new cases were notified in 1982 — of which 40 578 were Africans.

"On account of the drought and unemployment it follows that, with the high cost of food, that the population is going to be affected," Mrs Ossher said.

In an interview Dr Krynauw said the danger could be lessened if greater use was made of community clinics.

He said that if all newborn children were given TB inoculations — something required by law — it would help reduce incidence.

"Tuberculosis is still one of the country's biggest problems. But if people undergo treatment, after 72 hours they can no longer infect others."

Stressing the need for community involvement in combating the disease, he said Santa already had about 20 health educators operating in the Eastern Cape along with his own staff and those of the local authorities.

In the Eastern Cape, between January and November last year, the number of TB notifications was 4 891.

Report TB at once — MOH

Medical Reporter

THE Medical Officer of Health for the Divisional Council of the Cape, Dr L R Tibbit, has appealed to people who suspect they have tuberculosis to report it immediately.

Early reporting was vital if medical control measures in the Peninsula were to succeed.

Dr Tibbit called for a training centre for health educators in the Western Cape. The council has only one full-time health educator working exclusively on TB.

He also called for increased efforts by local authority health staff in combating the disease.

He described the symptoms of TB as a chronic cough, night sweats and loss of weight.

"We would like to involve the public as much as we can. People who have a cough for longer than three weeks sould report to a doctor or clinic, particularly people with nutrition problems who live in overcrowded housing."

Dr Tibbit, an executive committee member of SANTA, said the organisation gave grants to support breadwinners and family of newly diagnosed cases.

"Once a case is sent to us we can render it non-infectious in two to three weeks. Very often people do not have to leave work for more than a month."

The medical cost of the treatment was borne by the State.

It was preferred to treat people at work after the infectious phase was past. "Relatively few" people were hospitalised for treatment in the Divisional Council area.

Patient-compliance with the drug regimen — patients have to take four drugs for up to six months for a complete cure — was a major problem.

Growing problem

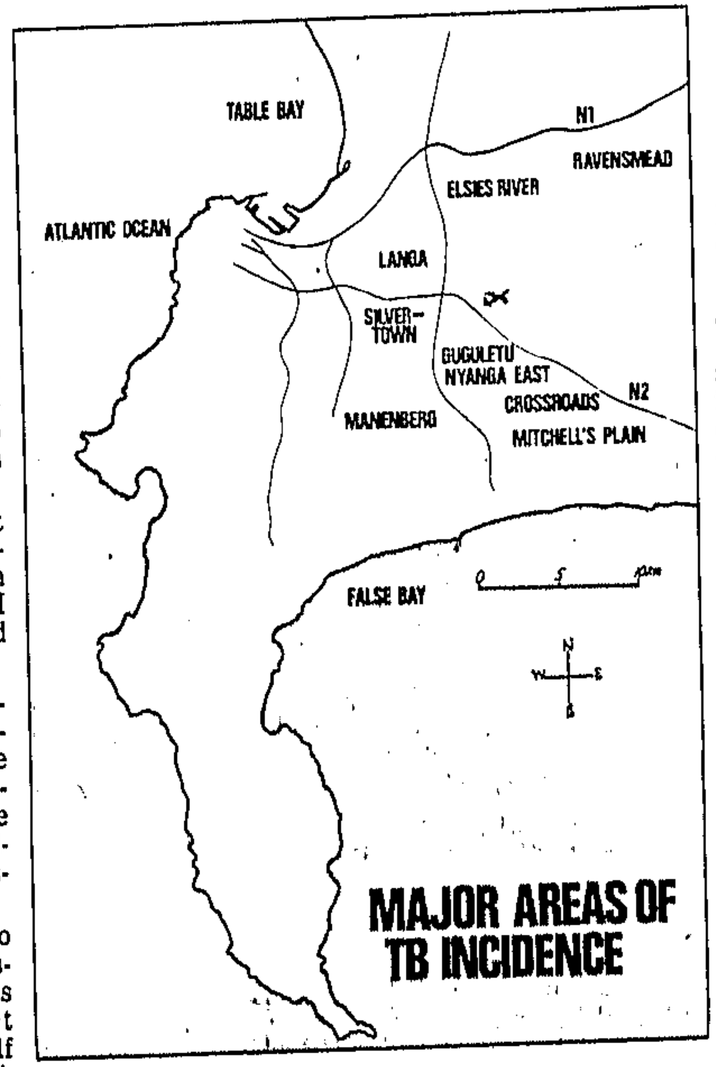
"People feel better quickly and they stop their treatment.

"In spite of our wonderful drug therapy, the efforts we spend on constant training and inoculation of children against TB, this is still a growing problem. We would like to get more health educators with a view to teaching people how to look after themselves and prevent TB.

"We would like to start a training centre for coloured health educators in the Western Cape and I have already approached SANTA about this.

"We must get knowledge of TB to the community and encourage the community to help itself by better hygiene and nutrition and avoiding overcrowding, if possible.

"I would prefer to treat patients out of hospital because of the costs involved and the fact that the community itself must come to grips with TB.



'Shanty h... a normal...

Medical Reporter

FOR the city's poor it could be healthier to live in a shanty than in a conventional brick home.

Location maps for TB show that the disease existed mostly in the overcrowded housing estates — and not in shanty areas.

Cape Town's Medical Officer of Health, Dr Reg Coogan, said overcrowded housing schemes in the Peninsula were a major factor in the spread of TB.

BACKLOG

He called for the immediate implementation of self-help housing to help to solve the problem.

The housing backlog was unsolvable using high-standard housing — "whole lifetimes were going past with the back-

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Shopping bus for pensioners

THE first Argus pensioners' bus of 1984 will run on Thursday, January 26.

The bus will leave from outside The Argus building in St George's Street at 9am and take

SUMMER SCHOOL

Forced removals: Re-located people 'worse off' in new life

Staff Reporter

LIFE and conditions of "re-located" people deteriorated when they were moved, contrary to Government statements and promises, according to

thus a supplementary income.

- They were moved to inferior land.
- They ended up farther away from places of work and often lost their

Mr Mtiyane said the Government had told the people of Reserve Six at the present-day Richards Bay that they would be given "anything they wanted" if they moved.

Mr Mtiyane said it was a painful experience to be moved — made worse because the Government did not keep its promises.

The Government promised to provide a good road — but this was

Pic... 'n...

E. Post 19/1/84 91

Public urged to get acquainted with TB facts

THE Port Elizabeth Medical Officer of Health, Dr J N Sher, today urged people to "get acquainted with the facts of tuberculosis" to help combat the problem.

He said the only way it could be effectively stopped would be to eradicate those socio-economic conditions causing the problem.

Tuberculosis was closely linked to socio-political conditions such as overcrowding, poor living standards, unemployment and lack of personal hygiene, he said.

The drought and now the rains would only aggravate the problem, he said.

"It is a chronic situation. The drought and now the rains could mean an upsurge. But, in the long term, TB remains a problem."

Between January, 1982, and June, 1983, the City Health Department spent R5 885 167, about half of which was spent on TB clinics, he said.

In his annual report he said the number of patients registered decreased from 5 132 in 1981 to 2 733 at the end of 1982.

There were, however, 4 112 notifications and 498 deaths from TB between January, 1982, and June, 1983.

Dr J H Meyer, the Medical Officer of Health for the Dias Divisional Council, said last year his department assessed 3 172 contacts and treated 1 237 of them.

"We are busy improving our contacts, but tuberculosis is a problem in all developing countries," he said.

He said the problem was not the treatment of those with TB, but in finding those they did not know about.

TB — a growing

(9:1) ARGUS 12/4/84

By THELMA SHIFRIN

ACCORDING to Santa's latest annual report, tuberculosis is "the greatest public health problem facing South Africa today", accounting for over 63 percent of all notifiable infectious diseases recorded annually.

"TB is absolutely rampant amongst the black and coloured population," says Professor Maurice Kibel, head of the Child Health Unit of the University of Cape Town. "It is amazing that it is not a greater problem in the white population, in view of the close contact between the races. Thousands of new cases are noted in the Cape Town city areas alone every year."

All population groups are at risk, but children under the age of two, adolescents and the aged are particularly susceptible.

"Children under two years represent a quarter of the TB patients seen at the Red Cross Children's Hospital," says Dr Robin Pelteret, who is co-ordinating a study on the treatment of TB in children in the University of Cape Town's Department of Paediatrics and Child Health.

"These infants are hospitalised for up to six months at a time, at an age when bonding with parents is especially important. Although these children usually respond to therapy, we know that the after-effects of the disease can be debilitating for life.

"In children, TB can be a very rapidly progressive disease. Within two or three months a child can be desperately ill. So by the time we see them, they are often in the very late stages, with complications of various kinds. The worst possible form of the disease is TB meningitis, a lethal and crippling disease. The organism gets into the brain and spinal cord. Of the 60 cases we saw per year over a three-year study period during 1979-1981, a quarter died and another quarter were left seriously crippled," says Professor Kibel.

Dr Pelteret adds: "It is terrible to see nine-year-old children who cannot speak, who are blind, who are still in nappies, with twisted legs, unable to walk, as a result of TB meningitis."



Dr Robin Pelteret, the co-ordinator of a UCT study of treatment of TB in children, examines a patient during a ward round with Professor Kibel and other hospital staff.

Causes

The basic causes of the widespread prevalance of TB among black and coloured communities are related to poor housing, malnutrition and inadequate health services.

"You can imagine the impact of one adult coughing up bacilli in a small room in which eight to twelve people are crowded. The organism thrives in an environment where there is damp, lack of sunlight and poor ventilation. But basically it is overcrowding and malnutrition, plus the tensions and stresses of modern life, which break down the body's resistance to the tubercule bacillus."

The BCG vaccination given to infants diminishes the likelihood of TB meningitis and military TB, but it is not known to what extent it provides immunity to pulmonary TB, says Dr Pelteret.

The treatment of TB in children has not been

(Continued on next page)



Provision of education is important for young TB sufferers, who are often admitted to hospital for up to six months.

SPECIAL REPORT

Cape menace

ARGUS 12/4/84 (91)



Professor Maurice Kibel, head of the University of Cape Town's Child Health Unit, examines the latest X-rays of an infant TB patient at the Brooklyn Chest Hospital.

(Continued from previous page)

standardised anywhere in the world.

"It is generally assumed that children respond to similar regimes used in treating TB in adults. But this has never been tested. Moreover, we rely on literature which comes mainly from overseas. That is ironic because we have the pathology in this country — what we see daily in Cape Town, they see once a month in the whole of the UK," says Dr Pelteret.

The project, which is currently being researched in the Department of Paediatrics, is supported by the Medical Research Council, University research funds and MER-National Laboratories, in full co-operation with the Medical Officers of Health for the Cape Town and Divisional Council areas, Dr Coogan and Dr Tibbit.

It aims to compare two different regimes of short-term treatment — a four-drug regime used over a period of six months and one used over a period of four-and-a-half months. It is proposed to follow cases back into the community for at least a year after they have been dismissed from hospital.

"TB is a community disease and we want to follow these children to the clinics, to understand the difficulties of their getting treatment in a community setting. Very often children default from treatment — or even throw away the drugs dispensed at the clinic.

"We badly need more nursing sisters to help educate the community and to follow hospital cases back to their homes. All households with patients should be visited by a community sister to establish who is spreading the disease — to see if there is a chronic cough or somebody losing weight in that family.

"TB is unfortunately an unfashionable disease," says Professor Kibel. "But it is a terrible problem. The climate is such that research funds are very hard to find and we are having to make do on a shoestring. We are badly in need of more funding."

An important aspect of the study will be to establish criteria for the diagnosis of TB in children.

"The major way of establishing TB in adults is to find the organism in the sputum. But children cannot produce sputum readily. So the organism has to be recovered from gastric aspirations, not an easy matter. In practice, there are many problems involved in obtaining good specimens in this way."

Infrastructure

Generally there are many problems attached to administering an extensive project of this nature. TB patients coming into the emergency ward at the Red Cross Hospital are either transferred to other wards, or to the City Hospital in Green Point or the New Somerset Hospital or the Brooklyn Chest Hospital — all of which requires continuous co-ordination. When they are discharged, it could be anywhere within the city council or divisional council area.

"In spite of the many problems involved," says Professor Kibel, "we have the infrastructure, the co-ordination and the goodwill of the health authorities to carry out the research."

The seriousness of the problem is underlined in the latest Annual Report of the MOH for Cape Town.

"Tuberculosis remains the greatest single communicable disease problem in Cape Town. It affects mainly the underprivileged and, in spite of major effort at control, will remain a problem so long as sections of the Cape Town population remain exposed to infection and to the effects of malnutrition, overcrowding, ignorance, cultural apathy and general socio-economic deprivation."

People with TB, VD pose threat

Municipal Reporter

OUDTSHOORN. — The municipality here is concerned because people with tuberculosis and venereal diseases refuse to be treated and are a threat to the community.

It was suggested that they be compelled to have treatment.

The annual congress of the CPMA here has approved a recommendation that the matter be taken up by the United Municipal Executive.

In a report the municipality says there is no legislation to force the patients to receive treatment.

A THREAT

"It is emphasised that these patients and their contacts pose a threat to the community and that the present Department of Health policy of persuasion is not successful.

"Because we believe this problem is prevalent throughout the Cape, we feel attention should be given to solving it."

● The National Road Safety Council is considering a recommendation from Cape Town City Council to prevent parking and off-loading at bus stops.

Existing legislation states that a vehicle stopping at a bus stop is not considered to be a parking vehicle if it is loading or offloading people or goods.

The congress was told that the council's recommendation had been submitted to the National Road Safety Council by the Provincial Administration.

Evening Post

FRIDAY, MAY 18, 1984

E. Post 18/5/84 (91)

Epidemic of TB goes on unabated, says PE's MOH

Post Reporter

THE tuberculosis epidemic in Port Elizabeth is continuing unabated, according to a statement released by the city's Medical Officer of Health, Dr J N Sher.

Dr Sher's statement was issued to coincide with the annual national "Santa Week" organised by the South African National Tuberculosis Association.

The week — which starts tomorrow and runs through to May 26 — has been chosen to focus public attention on the association's activities.

Dr Sher said the number of new cases rose by 6% in Port Elizabeth last year, resulting in a total of 2 764 cases, compared to 2 243 cases the previous year.

A look at the source of notifications and the value of accepted methods of finding new tuberculosis patients was of value.

Last year, according to Dr Sher, 54% of all new cases in Port Elizabeth were notified by hospitals and 42% were reported by Health Department clinics.

A total of 70% of the cases reported by clinics resulting from "contact tracing".

Although some doubts had been cast overseas on the place of BCG vaccinations — the conventional vaccine used in the fight against tuberculosis — it still had a role to play in preventing the disease.

Ten years ago the number of vaccinations in the city numbered 26 000, rising to 34 000 in 1982 and to 40 000 last year.

"As a result of the shorter intensive treatment period, a higher cure and lower relapse rate is occurring.

"The answer to the problem was obviously not simple and only medical.

He said the disease was mainly a socio-economic illness and could only be brought under control by eliminating slums and overcrowded conditions together with effective case-finding and treatment.

Schools won't be closed

Post Reporter

NONE of the black high schools in Cradock and Graaff-Reinet would be closed, despite the boycott of classes, the regional director of the Department of Education and Training, Mr G V Merbold, said today.

He said the teachers were busy getting on with their own work. If pupils wanted to remain uneducated, that was their business.

"The ball is in their court now," Mr Merbold added.

The situation in Cradock today was described as "quiet" by the police Press liaison officer for the Eastern Cape, Lieutenant-Colonel Gerrie van Rooyen.

A spokesman for the police directorate in Pretoria described the situation in Graaff-Reinet as "calm" today.

; say Games ;ott is final

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d to failure today when
fficial repeated that the

with only two weeks to go before the dead-
line for Olympic entries expires.

Sugar and spice fo

By LINDA GALLOWAY

A small yellow and black ball of energy streaked down the soccer field, tackled the player with the ball, executed some fancy foot-work, claimed the

Crossroads: State to probe health hazard

ARGUS CAPE TOWN 23/5/84

Staff Reporters

THE Department of Health is to investigate the hazardous health conditions at Crossroads with a view to deciding what State help can be given.

The Minister of Co-operation and Development, Dr Piet Koornhof, said today he had asked the Health Department to go into the matter.

He said his department was extremely worried about the present situation there and was in favour of everything possible being done to ward off a bad situation.

Earlier the Medical Officer of Health for the Cape Divisional Council, Dr L R Tibbit, had warned that the health situation at Crossroads was "potentially dangerous" to all the people of Cape Town.

Immunisation campaign

Dr Tibbit recommended that the population of Crossroads be drastically reduced if the city was to avoid possible outbreaks of cholera and typhoid.

While the council had not detected any cases of cholera in the camp, it had traced seven cases of typhoid — four of them in a small area of inter-related shacks.

An immunisation campaign was launched two weeks ago and 1 000 people in a particular area of Crossroads were immunised.

"We do not get typhoid in Cape Town. It is unusual and a serious matter."

Dr Tibbit said that cholera was the fastest-spreading of diseases and could get out of control within weeks if it reached Crossroads.

"This has not happened, but we would like to prevent it by getting people out of Crossroads.

"I do not control the housing situation in Crossroads. I am under contract to provide a preventive and promotional health service in the area. But the housing and sanitation are far below standard and potentially dangerous to all the people of Cape Town. I recommend that the population of Crossroads be drastically reduced."

He said that while he could foresee cholera coming to Cape Town, there was nothing more he could do as conditions in Crossroads made even the placing of additional pail toilets difficult. There was no room and lorries could not reach the pails to clear them out.

"The people must be moved out, density and overcrowding renders it impossible to do any more."

The overcrowding and poor sanitation at Crossroads had also led to "out of control" tuberculosis, gastro-enteritis and pneumonia.

"I believe the development of Khayelitsha along the lines of aided self-help housing is acceptable," he said. There would be less overcrowding because there would be more houses and more space.

A doctor at Empilisweni clinic in Crossroads today criticised Dr Tibbit's statements as "grossly unfair and sweeping, calculated to scare people".

"We don't see any cholera here and there are a few cases of typhoid. But staff do believe that Dr Tibbit has not touched on the true health problem of Crossroads — tuberculosis — which is, in fact, the duty of the Divisional Council to curb."

The doctor disagreed with the statements and said staff would meet later today to discuss a response.

● Dr Ivan Toms, who is also on the clinic staff, said: "In a community of 50 000 people an average of 12 cases of measles a month is not very bad. TB is out of control, not because of Crossroads housing but because of the apartheid system.

"Cholera is unlikely to cause a problem because we have a

(Turn to Page 2, col 10)

ARGUS 23/5/84

Warning on health

Cont from Page 1

clean water supply from the municipality and cholera is water-borne.

"And how can moving Crossroads residents to Khayelitsha stop the flow of people from the Transkei and Ciskei? When people are starving in the homelands they will come to the city.

"There is very little scientific information which links housing to health issues unless it's overcrowding. According to a study done for the Carnegie inquiry into poverty there are on average 13 people in ev-

MoH plea on TB hostel shortage

By CHRIS ERASMUS
Medical Reporter

THE closing of more than 1 000 tuberculosis-treatment beds in Cape Town between 1975 and 1980 was "being cent wise, rand foolish", says Cape Town's Medical Officer of Health, Dr Reg Coogan, in his 1983 annual report.

The report says the annual number of new cases in the City continues to climb: Notification of new cases of all forms of tuberculosis increased to 3 935 last year while in 1975 the figure was 2 742.

In the report, Dr Coogan says "it is depressing that no significant progress has been made in controlling the disease" which "is fundamentally a manifestation of socio-economic ills (such as) malnutrition, bad housing, over-crowding and poverty".

Migrant labour force

Referring to the continual renewal of the City's infectious pool by the migrant labour force, the report also says that "without the abolition of the migrant labour system it is difficult to envisage how this situation can be improved".

Progress had been made in recent years with the introduction of a short-term treatment, incorporating four different drugs, lasting 4½ to six months.

"Unfortunately, in Cape Town between 1975 and 1980 over 1 000 treatment beds were closed for financial reasons. I felt then, and still do, that this was a grave error."

The switch to ambulatory treatment had meant a 30 percent non-compliance rate with therapy as opposed to less than two percent in TB hostels.

Commenting on his report, Dr Coogan said the main frustration from a medical point of view was that the health authorities "are giving it our best shot with the four-drug, short-term treatments, but a potential 98 percent cure rate is being cut to only 56 or 57 percent because of the non-compliance rate and this can be directly related to the lack of TB hostels.

"This is squandering our resources: A recent survey by the Cape Divisional Council MoH, Dr L R Tibbit, showed that the costs of treating relapsed and drug-resistant cases is much higher than the costs for initial treatments."

Dr Coogan made "an urgent plea" for the provision of hostel treatment beds to achieve the best possible TB cure rate. He appealed to Santa in particular, "in view of the chronic shotage of government funding".

Health educators

● Dr Tibbit said the Divisional Council and the Combined Health Control Scheme, which incorporates most of the local authorities of the Western Cape excluding the CCC, was trying to set up a training centre for coloured health educators in an attempt to reach the susceptible portion of the population to prevent the spread of TB.

Dr Tibbit also said he was "keeping tabs" on the small colony of TB sufferers among the Brown's Farm squatters whose shelters were demolished by Divisional Council officials last week.

Argus 5/7/84 (9)

Plea for TB hostel treatment in city

Medical Reporter

CAPE TOWN'S Medical Officer of Health, Dr Reg Coogan, has made an "urgent plea" for the provision of tuberculosis hostel treatment in the city.

Tuberculosis is the biggest public health problem in Cape Town, Dr Coogan says in his 1983 annual report.

The notification of new cases of all forms of TB in the city increased to 3 935 last year. In 1975 the figure was 2 742.

In spite of the increase, more than 1 000 TB-treatment beds in the city were closed for financial reasons between 1975 and 1980.

"It is distressing that no significant progress has been made in controlling this disease."

SOCIO-ECONOMIC

He notes in the report that TB is fundamentally a manifestation of socio-economic ills — malnutrition, bad housing, overcrowding and poverty.

Commenting on the closure of beds, Dr Coogan states: "I felt then, and still do, that this was a grave error."

● The infant mortality rate in Cape Town has declined since 1975.

Dr Coogan says in his report that the infant mortality rate occupies a special position in vital statistics because of its close relation to social conditions.

In a rate expressed as the number of deaths in every 1 000 live births, the report gives last year's infant mortality rate for coloureds as 19,3. This compares with 32,2 in 1975.

The figure for whites was 10,6 in 1983. In 1975 the white infant mortality rate was 12,2.

For blacks the figures are given as 21,2 (1983) and 59 (1975).

The Cape Town figures, particularly for the coloured and black populations, are significantly better than for the rest of the country.

The 1982 national figures for the infant mortality are given as 13,4 (white), 59,9 (coloured) and 190,8 (black).

● There were 212 new cases of genital herpes simplex infections recorded by city health department clinics last year.

Dr Coogan says results of a new form of therapy are under trial by the South African Institute of Medical Research.

TB incidence up in past six years

(91) Star 13/8/87

By Pamela Kleinot,
Medical Reporter

Millions of South Africans are infected with tuberculosis and the incidence has increased over the past six years

The country's most serious health hazard costs more than R100 million annually in prevention and treatment as well as loss of time, earnings, manpower and productivity.

But TB is no longer the dreaded disease it used to be when sufferers were locked away in sanatoriums for long periods.

The discovery of streptomycin in 1944 and several other drugs means TB victims can safely carry on working without infecting others while they are treated.

Employers have an important role to play in the fight, according to medical experts.

Instead of dismissing sufferers they can supervise their treatment on the job. They can assist in detecting workers with symptoms of the disease and can help raise living standards by providing housing loans.

MALNOURISHED

TB is a socio-economic disease affecting mainly deprived and malnourished people living in unhygienic conditons.

Surveys have shown about 10 million South Africans carry the dormant disease.

These people form a pool of infection that can erupt due to poor housing, overcrowding and malnutrition. The infection can also be activated by stress such as being unemployed, travelling long distances to work and diminished sleep.

Most of the victims are black. Whites who do get TB usually acquire it in childhood. The infection lies dormant until the body's resistance is lowered by alcohol, smoking, diabetes or the use of immuno-suppressive drugs such as cortisone.

CARRIERS

TB was brought to South Africa by whites and was not known to indigenous people, according to Professor Erik Glatthaar, head of the department of community medicine at the Medical University of Southern Africa.

In his book "Tuberculosis: Basic Perspectives" he explains that whites had acquired resistance to TB after many centuries of exposure to the disease.

Blacks did not have this resistance and TB spread like wildfire, accelerated by industrialisation after the discovery of gold and diamonds.

"With industrialisation, social services always lag behind, resulting in overcrowding and malnutrition, conditions ideal for the transmission of TB," according to the professor who says TB is one of the oldest diseases known to man with evidence having been found in skeletons of Stone Age Man and in Egyptian mummies.

PREVALENT

Prevalence surveys in South Africa, he says, suggest there are two to three times more infectious cases in the country than is reflected by inci dence figures notified to the Department of Health and Welfare.

Professor Glatthaar likens the TB situation in South Africa to an iceberg: the tip is the cases notified annually, the hidden part is the 80 000 undiscovered infectious cases, while the sea, in which the iceberg drifts, is the 10 million infected people.

TB is diagnosed by examination of sputum or chest X-ray and can be cured within nine months.

Symptoms of the disease include coughing, loss of weight and appetite, shortness of breath, chest pain, night sweating and in the later stages, coughing up blood.

TB is preventable by immunisation with BCG vaccine, which is 80 percent successful.

Anyone with symptoms of TB should go to a Department of Health clinic where services are free.

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ring The Star home
one 633-2624
Star
LIKE IT IS!

BUSINESS...Page 8
RACING.....Page 11
SPORT.....Page 12

The St

JOHANNESBURG MONDAY AUGUST 13 19

Soaring TB rate 'likely to worsen'

(11 Star 13/8/84)

By Pamela Kleinot,
Medical Reporter

The incidence of tuberculosis — which kills between 10 and 20 people in South Africa each day — has risen by 22 percent in the past six years.

Last year, 62 103 cases were notified compared with 50 850 in 1977, according to the South African National Tuberculosis Association (Santa).

The cases notified are only the tip of the iceberg as thousands of people have the disease without being aware of it.

As TB is a disease associated with stress, poor nutrition and overcrowding, the aftermath of the drought and floods is likely to increase its incidence in the next few years, according to Mrs Julia van Heerden, public relations officer for Santa.

Surveys have shown that nearly a third of the population — about 10 million people — have latent TB which can be activated by malnutrition, stress and poor living conditions.

According to the Department of Health and Welfare, the highest recorded incidence in South Africa occurred in the mid-60s. "Since then there has been a downward trend which is accompanied by minor 'ups' and 'downs' in the curve," says the director-general,Dr F Retief.

There has been a noticeable upward trend among coloured people since 1976, he added.

Professor John Gear, head of the department of community medicine at the University of the Witwatersrand, said South Africa had a totally unacceptable incidence of TB.

He pointed out that a recent study by the Department of Health suggested that only about half of TB deaths were notified.

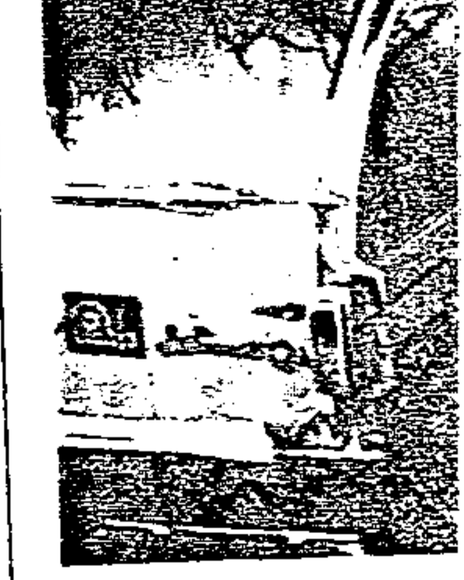
The number of cases in South Africa was likely to be much higher than the reported rate because doctors failed to notify TB and because the disease was often undiagnosed, he added.

Regarding the increase among coloured people, Professor Gear said: "One interpretation is that the disease has really increased in the past few years. A further interpretation is that a higher pro portion of cases are being notified."

Professor Gear said that improvement in the socio-economic status of the community was vital to combating TB.

"Indeed, the greatest benefit is likely to come from such socio-economic improvement. But the problem also has to be handled on a medical level by adequate tracing of contacts, supervision of patients' therapy and the provision of accessible care."

● See Page 4.



Lorna Capman (4) and drummers at the Sout

Dancir

By Tim Cockerell

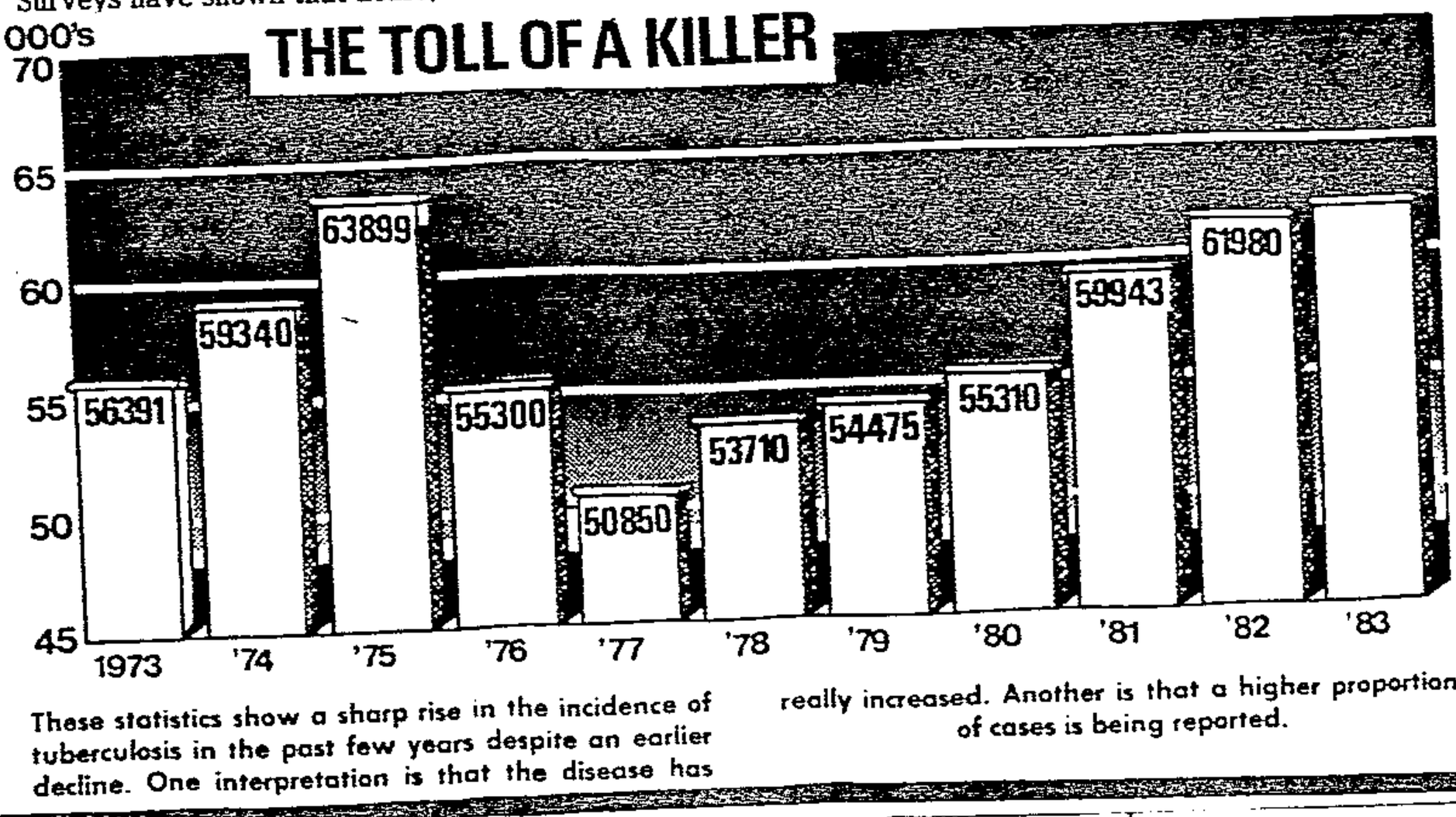
It was "Scots wha hae" Rosettenville on Satu day as MacDonalds, C merons, Smiths and va den Heevers — with va ied Scottish heritages gathered to keep ali Scottish culture and tr ditions.

Injured M

Own Correspo

DURBAN — Top jocke badly hurt in a five Greyville on Saturda tion — to get back in soon as possible.

From his bed in th unit of Durban's St A



These statistics show a sharp rise in the incidence of tuberculosis in the past few years despite an earlier decline. One interpretation is that the disease has really increased. Another is that a higher proportion of cases is being reported.

SOWETAN, Tuesday, August 14, 1984

91

TB deaths increase

THE incidence of tuberculosis — which kills between 10 and 20 people in South Africa each day — has risen by 22 percent in the past six years.

Last year 62 103 cases were notified compared to 50 850 in 1977, according to the South African National Tuberculosis Association (SANTA).

Socio-economic factors, including the high cost of food and unemployment have been blamed for the upsurge in TB notifications which are only the tip of the iceberg as thousands of people have the disease without being aware of it.

As TB is a disease associated with stress, poor nutrition and overcrowding, the aftermath of the drought and floods is likely to increase the incidence in the next few years, according to Mrs Julia van Heerden, public relations officer of SANTA.

Surveys have shown that nearly a third of the population — about 10-million people — have latent TB which can be activated by malnutrition, stress and poor living conditions.

Health workers are concerned about the increased incidence of TB which had been declining in the 1970s.

According to the Department of Health and Welfare, the highest recorded incidence in South Africa occurred in the mid-sixties: "since then there has been a downward trend, which is, accompanied by minor 'ups' and 'downs' in the curve."

There has been a noticeable upward trend among coloureds since 1976, says the department.

Deaths

Professor John Gear, head of the department of community medicine at the University of the Witwatersrand, said South Africa had a totally unacceptable incidence of TB which had to be tackled at both medical and non-medical levels.

He pointed out that in a study recently done by the department of health it was suggested that only about half the TB deaths were notified: "Therefore, notification figures are inaccurate but they are the best measure we have at present."

He said the number of cases in South Africa was likely to be much higher than the reported rate because doctors failed to notify TB and because the disease often goes undiagnosed.

Regarding the rise in figures for coloureds, Professor Gear said: "One interpretation is that the disease has really increased in the past few years. A further interpretation is that a higher proportion of cases are being notified."

Professor Gear said improvement in the socio-economic status of the community was vital to combating TB in South Africa: "Indeed the greatest benefit is likely to come from such socio-economic improvement but the problem has also to be handled on a medical level by adequate tracing of contacts, supervision of patients' therapy and the provision of accessible care."

TB is reaching epidemic levels — Sher

Post Reporter

TUBERCULOSIS was reaching "near epidemic" proportions in Port Elizabeth with 2 760 new cases being reported between June last year and June this year.

These statistics were revealed by Dr J N Sher, Port Elizabeth Medical Officer of Health, at the annual meeting of the Port Elizabeth Community Chest at St John's Gate last night.

Dr Sher said the situation had necessitated the tracing and follow-up of 10 000 contacts.

"Tuberculosis flourishes in slums where there is little fresh air, bad sanitation, high unemployment and a general lack of interest among the people," he said.

His department spent R50 million a year on the prevention and treatment of TB — half of their annual budget.

"Another big problem was venereal disease — last year as many as 14 000 new cases were reported to our clinics. This did not include those who were attended by private doctors and in hospitals."

He said these illnesses were resulting in a loss of man hours and costing industry about R150 million a year.

THE SILENT KILLER

An investigation into the asbestos peril by CAROLYN DEMPSTER

In the shadow of death



Asbestos mine dump looms beyond child standing in sun-warmed roadway near Kromellenboog Primary School

When the schoolchildren of Mmafefe Primary School walk to a toilet they never do it sedately. They skip, run, hop and jump over a bright blue dump, kicking up the dust, scuffing their bare feet and laughing together.

Pupils have been doing this for the past 20 years at the school. Even the secretary, Mr J S Mangoale, and senior teachers admit with a smile that they too loiter on the dump on the way to the loo.

They never for a moment realised that the blue dump, fibre-soft and fun to play in, could ruin their lives, cripple their lungs or result in painful death from cancer of the lung lining.

The dump is formed by blue asbestos waste originally brought to the school as a building source material for a new ablution block. Naturally not all of this 'sand' was used and the dump remained ... in the middle of the busy thoroughfare for pupils.

Since 1951 when the school was officially opened, the number of pupils has risen rapidly to the 1 000 in the classrooms today.

• • •

Miss E S Seribishane, a teacher at the school and one-time scholar, recalls how she too used to run across the small schoolyard asbestos dump at least a few times each day.

And after school, she and her friends would race down to the big blue dump by the Mohlapitse River.

"The area is so stony that the dump was a natural playground, and remains one even now," she said. Nobody thought, nobody knew, that the dumps could be dangerous.

Mr G R Phasha, the school principal, was not the only one in Mmafefe who thought the asbestos sand would be useful for building once the mines closed down and mining companies moved out in 1967.

The sprawling township is experiencing a building boom, with bright blue houses mushrooming throughout the valley.

A new and sophisticated touch lies in the plastering of the houses with asbestos fibre, leaving a smooth finish which can be painted if the homeowner so wishes.

Miss Seribishane had never heard of the diseases the dust could cause.

• • •

However she did admit that there was a lot of tuberculosis among the older people of the valley. Some complained constantly of breathing problems and tiredness.

"Most of the miners were foreigners. They probably knew about the asbestos," she states.

Mr James Matsokotsa is 25 and his family has lived above the blue dump for years. He knows the brickmaker at the foot of the dump well but says he is ill, cannot breathe properly and cannot get out of bed so his assistant is making the bricks.

Day-care centres to fight TB urged

Medical Reporter

MORE day-care centres are urgently needed to fight the steady growth of tuberculosis among Cape Town children, says the chairman of the Cape Province Tuberculosis Council, Mr Selwyn Eberlein.

At the annual meeting of Santa (Cape), Mr Eberlein said more day-care centres would help beat malnutrition, a major cause of TB.

Guest speaker Dr Eric Bateman, principal specialist at Groote Schuur Hospital's respiratory clinic, said Cape Town might have an even higher rate of reported TB than the national average of 200 cases for every 100 000 people.

Run as crêches

The Tuberculosis Council runs two day-care centres in the Peninsula — one in Athlone and the other in Elsies River.

Designed specifically to fight TB, the centres are run as crêches where children are fed regularly and have organised games, music and compulsory midday rest periods.

They also organise meetings, lectures and films to help parents understand TB and the need for healthy living and eating.

Mr Eberlein said it was unfair of employers to dismiss TB victims, since "correct treatment can render a tuberculotic patient non-infectious almost immediately".

Dr Bateman said about 45 000 cases of TB were reported in South Africa each year.

Fight against TB intensified

A BREWERY has presented a mobile health education unit to the Minister of Health and Welfare, Dr C V Nak van der Merwe, who accepted it on behalf of the South African National Tuberculosis Association.

By SELLO RABOTHATA

The unit was presented by Mr Meyer Kahn, group managing director of the South African Breweries. It will be staffed by a highly trained health educator who will instruct rural communities in matters relating to tuberculosis, including nutrition, hygiene, other chest diseases and alcoholism.

This new programme is being launched at a total cost of R50 000, which comprises the fully equipped education unit, salary of the health educator and driver, as well as running costs for the first year.

The company will ensure continuity of the service, by committing R20 000 a year for a period of at least three years to cover all operating expenses.

The effects of the continued drought, recent floods, increasing unemployment and spiralling food prices have led Santa to forecast an upsurge in the incidence of tuberculosis, a disease which is already responsible for approximately 10 deaths per day in the country.

The prevention of TB through health education, particularly in the more remote rural areas, was identified as a priority by Santa. Mr Kahn also expressed the hope that the unit would make an important contribution to Santa's campaign to combat TB through preventive health care.

Confusion

The service, under the close supervision of Santa National commences during September in the Western Transvaal, between Lichtenburg and Klerksdorp. The mobile unit will be known as the "Travelling Health Education Seminar" to avoid possible confusion with existing mobile X-ray units.



SANTA: The mobile health education unit presented to Santa.

from Durban and Umhlanga arrived and cleared away most of the debris, but did not find a body.

Later an elderly man from the local community stripped to his underwear and waded into the tank, but his search too proved fruitless.

School authorities expected to know only today, after parents had called at the school, whether a child was in fact missing.

Troops killed

PARIS—Polisario guerillas killed 298 troops and wounded 391 in attacks on Moroccan defences in the Western Sahara during the second half of August, according to a report by the Algerian news agency APS received here. — (Sapa-Reuter)

Mercury 4/9/84 (91)

10 people a day die from TB in S A

Mercury Correspondent

CAPE TOWN—More than 60 000 new cases of tuberculosis were reported annually in South Africa and, although the mortality figure had dropped during the last decade, there were still 10 deaths each day from the disease.

These figures were given yesterday by the Mayor of Cape Town, Mr Sol Kreiner, during the opening address of the annual meeting of the national council of the S A National Tuberculosis Association (SANTA).

Commitment

Speaking to more than 120 delegates from around the country, Mr Kreiner said that while great progress had been made on the medical front over the last 30 years, TB was a socio-economic disease requiring more than just correct medical treatment.

There had to be total community commitment, but members of a community could only become as involved as those with knowledge allowed them to be.

He noted that SANTA's emphasis this year and in the future would be on a community-oriented project under the slogan 'help yourself to better health'.

Mr Kreiner appealed to young people to become involved in the battle against TB by making themselves more aware of the disease and its problems and by coming forward and offering their services to SANTA.

'We all know what terrible human suffering may be brought about by TB if it is not diagnosed and attended to at an early stage.

'If young people realise what they can do to assist in the alleviation of that suffering in the prevention field, it may bring the necessary motivation to bear,' he said.



A blanket covers the Durban security guard who was found hacked to death yesterday.

Guard found hacked to death

Mercury Reporter

A SECURITY guard at a building in the casbah area of Durban was found hacked to death yesterday.

Police, who found the unidentified black man's body, later discovered that Himat Stores, in the block being guarded by the man, had been broken and Leopold streets, Mr T Lalloo, said he believed the guard had been trying to stop the robbers when he had been attacked.

Mr Lalloo said the robbers had gained entry to his store by removing the burglarproofing and the locks.

The guard was employed by Springbok Security Services.

Three join NPP to give it majority

Mercury Reporter

NATAL'S three independents in the Indian House of Delegates have joined Amichand Rajbansi's National People's Party, giving it a one-seat majority in the 40-member House and a four-seat lead over rival Solidarity.

Confirming this yesterday, Mr Rajbansi said from Cape Town that the 21 MPs had sworn allegience to the party.

'I will inform the Acting State President that my party holds the majority of seats in the House,' he said.

The independents who held the balance of power, Mr P C Nadasen, Allandale, Mr Ramcharitar Mohangi, Tongaat, and Mr Kassie Ramduth, Clare Estate, travelled to Cape Town on Sunday with Mr Rajbansi and his contingent of Natal NPP MPs.

They had earlier refused to confirm that they had joined the NPP.

The 15 Natal NPP MPs, many immaculate in striped suits, sported large NPP rosettes, giving the impression the bitter struggle between the NPP and Solidarity for control of the House was over.

Seeing them off were more than 200 party supporters, wellwishers and family members.

A group of Solidarity's

KENBER
FIVE STAR GROUP
Kawasaki
COMPETITION
Prizes WIN!
osey Caravette 3 Caravan
saki KLR 600 Motorbike

High TB rate 'due to poverty'

By CHRIS ERASMUS
Medical Reporter

THE poor socio-economic circumstances of black and coloured people were entirely responsible for the alarmingly high incidence of tuberculosis in these two groups.

This was said yesterday by Dr H Nelson, Chief Medical Officer of Health of the Transvaal Board for the Development of Peri-Urban Areas, on the first day of the annual meeting of the SA National Tuberculosis Association.

Delivering the ninth Basil Dormer Memorial Lecture, Dr Nelson said poverty, malnutrition or undernutrition and bad housing were the underlying causative factors of TB, and no amount of immunization, new drugs or anti-TB projects would overcome the disease without resolving these basic deficiencies.

"We all know this, and until all people earn enough to provide them with good food and housing, TB will remain the serious health problem it is today," he said.

Covering the career of Dr Basil Dormer, who was a major figure in the early years of the fight against TB in South Africa, as well as the history of SANTA, Dr Nelson said that when the organization was started in 1947, bed accommodation and drugs were hopelessly inadequate.

Within 10 years, 34 treatment centres had been set up and staffed, with a total of 7 200 beds for TB patients. Today, some of these centres had been closed because of the availability of potent new anti-TB drugs. SANTA now had 23 centres and some 5 305 beds.

However, it was the case throughout the world that where socio-economic conditions were poor, the incidence of TB remained high.

"Among the blacks, the incidence rate is very high (235 notified cases per 100 000 of population in 1982), even when the increase in population is taken into account. The actual incidence may perhaps be more than double."

"Among coloured people the figures are even more alarming," said Dr Nelson. Nationally, the rate of cases notified per 100 000 of population had risen from 310 in 1972 to 378 in 1982 for this group.

Even though the figures for TB incidence in whites were already low (20,6 per 100 000 in 1972 and 13,3 per 100 000 in 1982), there had been a steady decline in the incidence rate.

The reason for the difference between the white incidence rate and those for the other groups was the poor socio-economic circumstances of these groups.

TB: Mayor calls for 'total commitment'

Medical Reporter

MORE THAN 60 000 new cases of tuberculosis were reported annually in South Africa and although the mortality figure had dropped in the past decade, there were still 10 deaths each day from the disease.

These figures were given yesterday by the Mayor of Cape Town, Mr Sol Kreiner, during the opening address of the annual meeting of the national council of the SA National Tuberculosis Association (SANTA).

Speaking in a city hotel to more than 120 delegates from around the country, Mr Kreiner said that while great progress had been made on the medical front over the past 20-30 years, TB was a socio-economic disease requiring more than medical treatment.

There had to be total community commitment, but members of a community could only become as involved as those with knowledge allowed them to be.

Noting that SANTA's emphasis this year and in the future would be on a community-oriented project under the solgan "Help Yourself To Better Health", Mr Kreiner made a personal appeal to young people to become involved in the battle against TB.

"We all know what terrible human suffering may be brought about by TB if it is not diagnosed and attended to at an early stage, and if the young people realize what they can do to assist in the alleviation of that suffering in the prevention field, it may bring the necessary motivation to bear," he said.

Mercury 4/9/84 (91)

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TB rockets in PE

(91)
C. Press
16/9/84



Red location, Port Elizabeth's "special area" for tuberculosis sufferers. Community leaders have criticised the poor health conditions in the area.

By MONO BADELA

A TUBERCULOSIS epidemic is raging in Port Elizabeth.

The number of cases rose by six percent last year to 2 746, compared to 2 243 in 1983.

This was revealed by PE Medical Health Officer J N Sher, who said the disease was mainly a socio-economic illness, and could only be brought under control by eliminating slums and overcrowding.

But New Brighton community leader A Z Lamani this week blamed the increase in cases on the local authorities' negative approach towards housing.

"I do not regard the special quarters set aside in the Red Location and Kwazakhele for sufferers as healthy. These areas are unable to prevent the TB germ spreading," he said.

"For more than 20 years, the authorities kept TB sufferers in delapidated, poorly lit single rooms, which get wet when it rains. The rooms also have insufficient toilet facilities.

"Lately, TB sufferers are sharing rooms with disabled people. Sometimes you find two families sharing one room."

"Keeping these people in these areas is like keeping them in a gas chamber — they have no hope of recovering."

Residents of the "special area" told City Press that very few welfare workers and health inspectors visited the place.

They said they lived on pension and disability grants and more and more families were being dumped in the area.

"These people are really unwanted residents of our so called Friendly City," said Mr Lamani.

He called upon the Kayamanandi town council to do away with the unhealthy complex, which was also a "breeding place of crime".

"No amount of treatment given to TB sufferers will be successful while living conditions are left unchanged," he said.

More than 60 000 new TB cases are reported in South Africa every year, and although the mortality rate has dropped in the last decade, 10 people die from the disease every day.







PE's TB sufferers: An unidentified Red Location resident (top), and bed-ridden Milton Tshawuza (above). And (right) the conditions under which the ill people live.

CITY PR

DUMPED AT 'TB HUIS' TO DIE

By MONO BADELA

"MY wife Bertha wouldn't have died if we had been given a decent place to live so she could recover from her TB ailment. We have been dumped here to die a slow, agonising death," said bitter TB sufferer Mbuyiselo Manto this week.

Mr Manto, 48, described to City Press the conditions under which scores of TB sufferers live after they are discharged from Empilweni TB Hospital near New Brighton.

He lived with his wife, Bertha, in a tiny one room house at Block 57 H 1, and was one of the nearly 200 families living in a place set aside by the local authorities as a "TB huis" — exclusive living quarters for former TB sufferers.

"I came here in 1980 suffering from epileptic fits. Because the place is so unhealthy, I contracted TB.

"I was admitted to Empilweni but later discharged and returned to this house."

Later his wife also contracted TB. She was in and out of hospital — "I can't remember how many times. She died on August 27, and we buried her last weekend.

"These houses are very old, and certainly not fit for human beings — let alone TB sufferers.

"As long as I live here, I have no hope of recovering."

Mr Manto is one of the many who have given up hope that they would recover from the dreaded disease which, according to the authorities, claims at least 10 lives daily in South Africa.

His neighbour, Milton Mnyamezeli Tshawuza, 53, was taken back to hospital on Tuesday.

On Monday, Mr Tshawuza told City Press he could not go to the Centenary Hall to claim his grant because he was very ill.

He is bitter about his circumstances. "We were removed from home and dumped here to live in one room — where we must sleep, wash and cook.

"Because I am very sick, it means doing everything here. I feel we have been neglected," Mr Tshawuza said.

He doubts that he will recover from TB.

City Press visited the area and discovered that the houses were old, delapidated, overcrowded, wet and poorly lit, and had insufficient toilet facilities.

ESS, September 16th, 1984 PAG

TB 'worst public health problem'.

6/10/84 91 C. Times

By CHRIS ERASMUS
Medical Reporter

TUBERCULOSIS remains the Peninsula's biggest public health problem, the Medical Officer of Health for the Divisional Council of the Cape, Dr L R Tibbit, reported yesterday.

In his annual report for 1983, Dr Tibbit said the notification rate for this disease in the black population was steadily rising.

In 1978 there were 447 notified cases, in 1982 the figure was 862, and in 1983 the number had risen by over 31 percent in a single year to 1 083.

For coloured people the notification rate had risen from 334 (per 100 000 of the population) in 1982 to 390 in 1983 — an increase of 16,76 percent.

And, he said, "It is startling to realize that 54 percent of the notifications overall came from the black population which is 12 percent of the total population (in the Divisional Council's area)."

Dr Tibbit noted "with some relief" that the notification rate in the white population group remained static (at about 50 cases). This "highlights the predisposing causes such as poverty, poor nutrition, and probably most important of all, overcrowded dwellings".

There had been a 20 percent increase in TB clinic attendances during 1983 as compared with 1982.

The four-drug chemotherapy treatment for TB was proving "remarkably effective" and his health department's cure rate compared favourably with that in most other countries.

"Eighty percent of our patients complete 75 percent of their treatment. I am justifiably proud of this low defaulter rate — it means a great deal of hard work and perseverance by our medical and nursing staff."

There was, however, a great deal more which could be done in employer education (to ensure pre-employment radiographs of all new staff) as well as in patient education (to encourage the early reporting of symptoms and the completion of treatment).

Dr Tibbit also made a plea for "affordable housing, however humble" to overcome the Peninsula's overcrowding problem and associated diseases.

Heart disease killing whites

Medical Reporter

ISCHAEMIC heart disease "remains the number one killer by a long way and accounts for 21 percent of deaths in whites", according to Dr L R Tibbit, Medical Officer of Health for the Cape Divisional Council.

In his annual report for 1983, Dr Tibbit said that altogether heart diseases account for nearly one-third of all deaths among whites.

"In the 18-35-year age group homicide, injury purposely inflicted by other persons and other violence, together with transport accidents, continue to be the main cause of death in both males and females," he said.

Together these causes were responsible for "an alarming" 81,3 percent of all deaths in this age group.

The main causes of death among blacks of all ages were "homicide and injury purposely inflicted by other persons" (16,33 percent) and among coloured people the main cause of death was "diseases of the respiratory system other than upper respiratory tract infections and neoplasms" (11,43 percent).

The infant mortality rates for the years 1981-83 were respectively: 52,98, 26,7 and 32,32 for blacks; 12,45, 7,43 and 9,36 for whites; and 26,52, 32,16 and 23,55 for coloured people.

Perinatal deaths (deaths at birth) were the main cause of death in the first year of life for all groups, claiming 42 percent of victims.

Sixty-eight percent of deaths in the first year of life were amenable to intervention, Dr Tibbit said, adding that "the number of deaths due to hypertensive disease is remarkably low".

TB still a major E Cape problem

(91) E. Post 24/10/84

Post Reporter

THE occurrence of tuberculosis in the intensively industrialised Eastern Cape area is among the highest recorded in the country, says Dr J H Meyer, Medical Officer of Health of the Dias Divisional Council, in his annual report.

Dr Meyer says the poor socio-economic status of large areas of the population is the largest problem hindering the combating of the disease.

This is aggravated by factors such as drought, unemployment, malnutrition, overcrowding, alcohol and drug abuse and ignorance.

Private companies have done much to uplift the circumstances of the lower income groups and have reaped the benefits of higher productivity, says the report.

Dr Meyer says one of the greatest hurdles toward overcoming the disease is that large numbers of undiagnosed TB sufferers are still moving around in the community.

Commenting on the statistics in the report, Dr Meyer says that although there is a decline in the number of clinic attendences, this is no indication that the incidence of the disease is dropping.

Private companies appear more sympathetic toward sufferers and are willing to keep them employed and supervised their medication. However, continued ignorance about the disease remains a problem.

Many white employers do not fully understand tuberculosis and dismiss TB sufferers immediately and sufferers often believe they cannot work once they have contracted TB.

● There is a disturbing increase in the incidence of sexually transmitted diseases, especially in the younger age groups, says Dr Meyer.

This is accompanied by an increase in the number of pregnant teenagers.

Dr Meyer says the consequences of the "sexual revolution" of the past few decades can be reversed only if more effective therapy and instruction goes hand in hand with a positive change in moral standards and socio-economic conditions.

TB up 65pc among blacks

(91)

CAPE Times 6/12/84

By HILARY VENABLES
Municipal Reporter

CLINICAL attendance by tuberculosis patients in Crossroads, Khayelitsha and Nyanga rose 65 percent between September and October this year.

The Divisional Council's MOH, Dr L R Tibbit, said the dramatic increase could be attributed in part to the large influx of migrants into Crossroads as the result of the drought and economic situation in the homelands.

"But the incidence of the disease is also rising," he said.

"It's a sign of the times. TB is a socio-economic disease which is aggravated by poor nutrition and poor, overcrowded housing."

Incidence among whites

A comparison of figures for the first 11 months of this year and the corresponding period in 1983 in Divisional Council areas shows a marked increase with the recorded incidence of TB among coloured people rising from 1 270 to 1 411, and among blacks from 1 015 to 1 131.

The incidence among whites decreased from 40 in the first 11 months of 1983 to 27 in the corresponding period in 1984.

Dr Tibbit said the only way effectively to combat the disease was to improve people's living conditions and provide more opportunities for employment.

"We could also do with a bigger budget for disease prevention and the promotion of health," he said.

In the Cape Town municipal area the incidence of TB among whites rose from three in October 1983 to six in the same month this year, and from 343 to 380 over the same period among the rest of the population.

According to the City's MOH, Dr Reg Coogan, attempts to control the disease are being hampered by the lack of adequate health-care facilities.

HEALTH & DISEASE – T.B.

1985 – 1986

TB programme barred from coloured schools

ARGUS 18/1/81

91

Medical Reporter

A CONTROVERSIAL anti-TB programme by the SA National Tuberculosis Association (Santa) has been barred from coloured schools by the new Department of Education and Culture.

Officials say it would duplicate departmental efforts to combat TB in the schools, but Santa denies this.

The incidence of TB, a major killer disease in South Africa, showed an alarming increase in a number of coloured communities last year.

The barring means many TB-infected schoolchildren could risk developing active TB, says Dr Theo Collins, director of Santa's community health education programme.

"Surprise, alarm"

He expressed "surprise and alarm" at this week's letter from the new department denying his organisation access to any of its schools this year.

The scheme to wipe out TB in the dormant stage, successful overseas, aroused opposition from some officials in the Department of Health and Welfare when Santa proposed it for local use several years ago.

Several attacked it for not being cost-effective; re-infection in the drug-treated patients was feared and it was claimed that many people would be treated unnecessarily.

"Confusion"

The refusal of the Department of Education and Culture was confirmed by Mr A P Brinkhuis, Press liaison officer.

The reason given was "a duplication of existing services which would lead to confusion in schools" — a claim firmly denied by Santa.

Dr Collins said that while all South African schoolchildren were skin-tested for TB, the programme had not been tried in South African schools, except in Santa's pilot project in black schools last year.

The study found 2 000 of the 22 000 tested black schoolchildren needed the treatment. TB increased alarmingly in the coloured community last year.

TB school: MOH not convinced

CAPE TIMES 30/1/85 (91)

By CHRIS ERASMUS
Medical Reporter

THE fight against the "near-epidemic" spread of tuberculosis in the Western Cape has been boosted with the donation of R20 000 by the Christmas Stamp Fund towards the establishment of a school for coloured TB health educators.

But while the move has been praised by Dr L R Tibbit, Medical Officer of Health for the Divisional Council of the Cape, it has been met with only partial approval by Dr Reg Coogan, Cape Town's MOH, who believes the disease will be beaten only when many more treatment beds are again made available to sufferers.

'Sorely needed'

Dr Tibbit said the training school, which is to be run under the auspices of the SA National Tuberculosis Association (SANTA) and subsidized by the state, was sorely needed, as the country's only other such school was in Benoni in the Transvaal.

A training and liaison officer had now been appointed with the R20 000 grant and she would take up her duties from February 1, said Dr Tibbit.

Initially three health educators would be trained in the programme, but Dr Tibbit said that eventually he would like to see about 20 educators operating in the urban and rural areas of both the Western and Eastern Cape.

"The TB position among the coloured population in the Western Cape has in recent years been deteriorating. The health authorities feel that this is due in part to a lack of education in the community," he said.

Dr Coogan said Dr Tibbit's appraisal of the TB situation was not accurate for Cape Town city, which included the townships of Guguletu and Langa, as the black community had a much higher incidence of TB.

"The provision of the training school is all very well in the long term, but the immediate need is to treat TB patients effectively now."

Default

The 6,8 percent increase in the number of TB cases in Cape Town alone was "part of an alarming trend which has been constant since the closure between 1975 and 1980 of more than 1 000 treatment beds for TB patients in the Cape Town area".

While the switch to the out-patient system was for economic reasons, the cure rate had dropped from 98 percent to about 56 percent, mainly because of the high default rate among out-patients, estimated at between 20 and 30 percent, who failed to finish their courses.

NATIONAL

TB: The grim reality of SA's 'haphazard treatment..'

By ROBYN GREEN
Medical Reporter

TUBERCULOSIS treatment in South Africa has been slammed as "haphazard" by a director of the South African National Tuberculosis Association (Santa).

Many patients do not receive adequate medical care because of haphazard diagnosis and treatment, Dr Theo Collins, director of Santa's community health education programme, alleges in the latest edition of Santa News.

He says doctors employed by the TB service do not, as a rule, receive formal instruction in interpretation of chest X-rays.

He called for a reassessment of the management of pulmonary tuberculosis (PTB) saying it should be regarded as a speciality requiring post-graduate training and experience.

In the hard-hitting article Dr Collins said the "grim reality" was that a wide variety of radiological lung abnormalities were mistakenly thought to be PTB by over-worked housemen or registrars.

"Indications are that 10 percent or more of patients in some areas who receive the potentially toxic combination of modern tuberculosis drugs do not suffer from the disease," he said. The figure was probably an under-estimate in the case of children.

Positive sputum smear reports were sometimes fabricated to facilitate the transfer of patients out of overcrowded hospitals to TB institutions.

One young doctor, when challenged, had admitted the falsification was common because of pressure from seniors to "get rid of" patients even remotely suspected of having PTB.

"This is downright medical malpractice," said Dr Collins, "and it is horrifying to know that the welfare of patients is subservient to an unworkable system".

Budget restrictions which forced clinics to be increasingly selective in drug prescription would adversely affect the situation in the long term.

Dr Collins said the Treasury should be persuaded that it was false economy to provide less expensive treatment to patients.

Hotel schools Q.61.459 7/3/85

336. Mr S S VAN DER MERWE asked the Minister of Environment Affairs and Tourism:

(1) How many (a) White, (b) Coloured, (c) Indian and (d) Black persons (i) applied for admission to and (ii) were accepted at each specified hotel school under the control of his Department in 1985;

(2) whether his Department received any representations regarding these schools in 1984; if so, (a) from whom, (b) when and (c) what was (i) the nature of the representations and (ii) his response thereto;

(3) whether he intends to extend the facilities at these schools to cater for more students; if not, why not; if so, when?

The MINISTER OF ENVIRONMENT AFFAIRS AND TOURISM:

(1) Only the Landdrost Hotel School is being managed by the South African Tourism Board.

(a) (i) 10.

(ii) 6.

(b) (i) 30.

(ii) 22.

(c) (i) 0.

(ii) 0.

(d) (i) 0.

(ii) 0.

(2) No.

(a), (b), (c) (i) and (ii) Fall away.

(3) No. The facilities at the Landdrost Hotel cannot be extended and the course is at present under-subscribed. It has been accepted as policy that the South African Tourism Board should not be involved directly in the training of persons for the hotel industry. Negotiations are, therefore, already being conducted with various bodies regarding the transfer of the Landdrost Hotel School.

Hansard Q.61.460

Public Service: staff 7/3/85

340. Mr S S VAN DER MERWE asked the Minister of Home Affairs:

How many (a) White, (b) Coloured, (c) Indian and (d) Black persons who were (i) administrative, (ii) clerical, (iii) professional, (iv) technical and (v) general A staff, were there in the Public Service as at the latest specified date for which figures are available?

The MINISTER OF HOME AFFAIRS:

Particulars are at present available in respect of posts which on 30 September 1984 were filled by Whites on the one hand and by Coloureds, Indians and Blacks combined on the other hand. Particulars are as follows:

	(a)	(b), (c) en (d)
(i)	8 515	335
(ii)	19 563	3 587
(iii)	7 222	1 317
(iv)	5 225	141
(v)	850	243

Acquired immune deficiency syndrome

350. Dr M S BARNARD asked the Minister of Health and Welfare:

How many cases of acquired immune deficiency syndrome were (a) reported and (b) diagnosed in the latest specified 12-month period for which figures are available?

The MINISTER OF HEALTH AND WELFARE:

(a) The condition is not notifiable or reportable.

(b) During 1984: 10 cases.

Hansard Q.61.460 7/3/85

Hospital beds

351. Dr M S BARNARD asked the Minister of Health and Welfare:

How many hospital beds were (a) available and (b) needed for (i) White and (ii) non-White patients in hospitals falling under the control of his Department as at the latest specified date for which figures are available?

The MINISTER OF HEALTH AND WELFARE:

(a) Beds available as at 31/1/85.

(i) Whites 6 105.

(ii) non-White 10 270.

(b) Needed as at 31/1/85.

(i) Whites 4 739.

(ii) non-White 10 394.

Midwives/health visitors radiographers/sister tutors

352. Dr M S BARNARD asked the Minister of Health and Welfare:

How many (a) Blacks, (b) Indians, (c) Coloureds and (d) Whites registered as (i) midwives, (ii) health visitors, (iii) radiographers and (iv) sister tutors in 1984?

The MINISTER OF HEALTH AND WELFARE:

This information can only be furnished towards the end of March 1985 when all 1984 figures have been processed.

Para-medical personnel

353. Dr M S BARNARD asked the Minister of Co-operation, Development and Education:

How many students (a) were enrolled in 1984 in each of the years of study at institutions falling under the control of his Department for training as (i) health assistants, (ii) health inspectors, (iii) public health nurses, (iv) medical laboratory technologists, (v) dental therapists, (vi) radiographers, (vii) physiotherapists and (viii) other specified para-medical personnel and (b) passed their final examination in that year in each of these courses of study?

The MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

(a) In respect of technikons the honourable member is referred to table 7.3.1., page 237, and universities to table 8.2.5., pages 248-250, of the 1984 annual departmental report.

(b) The examination results for 1984 are not available.

Hansard Q.61.462

Detainees: Visits by State doctors 7/3/85

354. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) Whether any visits were made by State doctors in 1984 for the purposes of examining persons detained in terms of security legislation; if not, why not; if so,

(2) Whether records were kept of these visits; if not, why not; if so, how many visits were made in 1984;

(3) whether any reports on such visits were submitted by State doctors to his Department in 1984; if so, how many such reports were submitted;

(4) whether any action was taken by his Department as a result of such reports; if not, why not; if so, (a) in how many cases, (b) for what reasons and (c) by whom?

The MINISTER OF HEALTH AND WELFARE:

(1) Yes.

(2) Yes, whenever required.

(3) Yes, after each visit.

(4) (a) + (b)

Yes, whenever reports indicated the need for further action.

(c) By State Medical Officers and Specialists.

Fish meal

361. Mr R R HULLEY asked the Minister of Agricultural Economics:

(91) Hansard Q.61, 587 12/3/85

Tuberculosis

455. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) How many cases of tuberculosis were reported in 1984 in each (a) province and (b) national state whose government had not taken over health services;

(2) how many cases of tuberculosis were hospitalized in each (a) province and (b) such national state in 1984;

(3) how many tuberculosis patients died in each (a) province and (b) such national state in 1984?

The MINISTER OF HEALTH AND WELFARE:

(1) Tuberculosis cases reported 1984

(a) Cape Province 21 319
Natal 6 294
OFS 3 632
Transvaal 16 041

(b) The governments of all national states have taken over health services.

(2) Tuberculosis cases hospitalized 1984

(a) Cape Province 11 562
Natal 8 569
OFS 2 895
Transvaal 13 392

(b) The governments of all national states have taken over health services.

(3) Tuberculosis patients died in 1984

(a) Cape Province 1 238
Natal 91
OFS 90
Transvaal 489

(b) The governments of all national states have taken over health services.

(90) (100) Hansard Q.61. 12/3/85 588

Cholera

458. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) How many (a) cases of and (b) deaths from cholera were reported in respect of each race group in each province for each month from January 1984 to the latest specified month for figures are available;

(2) what steps are being taken to combat the spread of this disease?

The MINISTER OF HEALTH AND WELFARE:

(1) (a) January 1984: ..... Natal/kwaZulu: 257 Blacks and 3 Coloureds
Transvaal/Lebowa: 4 Blacks
February 1984: ..... Natal/kwaZulu: 225 Blacks and 1 Coloured
Transvaal/Lebowa: 7 Blacks
March 1984: ..... Natal/kwaZulu: 296 Blacks and 1 White
O.F.S.: 1 Black
Transvaal/Lebowa: 2 Blacks
April 1984: ..... Natal/kwaZulu: 1 White, 6 Asians, 311 Blacks
Transvaal/Lebowa: 1 Black
May 1984: ..... Natal/kwaZulu: 1 White, 8 Asians, 229 Blacks
Cape Province: 2 Blacks
June 1984: ..... Natal/kwaZulu: 1 Asian, 100 Blacks
July 1984: ..... Natal/kwaZulu: 63 Blacks
August 1984: ..... Natal/kwaZulu:1 Coloured, 27 Blacks
September 1984: ..... Natal/kwaZulu: 51 Blacks
October 1984: ..... Natal/kwaZulu: 10 Blacks
November 1984: ..... Natal/kwaZulu: 5 Blacks
December 1984: ..... Natal/kwaZulu: 8 Blacks

(b) only reported for Natal/kwaZulu—Blacks only
January 5
February 13
March 4
April 1
May 6
July 1
September 1

(2) (i) Comprehensive surveillance.

(ii) Treatment of cases to save lives and reduce further excretion of organisms.

(iii) Tracing and treatment of contacts to prevent infections and reduce further excretion of organisms.

(iv) Health education.

(v) Participation in the Interdepartmental Committee providing advice to authorities responsible for providing services.

Stock theft

463. Mr R W HARDINGHAM asked the Minister of Justice:

How many persons were convicted of theft of (a) small stock and (b) large stock in the magisterial districts of (i) Mooi River, (ii) Kokstad, (iii) Himeville, (iv) Matatiele, (v) Bushman's Nek and (vi) Umzimkulu during 1984 or the latest specified period of 12 months for which figures are available?

The MINISTER OF JUSTICE:

The statistics for 1984 are as follows:

Magisterial District	(a) Small Stock	(b) Large Stock
(i) Mooi River	4	3
(ii) Kokstad	31	2
(iii) Himeville	1	7
(iv) Matatiele	26	3
(v) Bushman's Nek	Included in the statistics in respect of Himeville	
(vi) Umzimkulu	Situated in Transkei	

(94) Hansard Q.61. 589 12/3/85

Natal: offences

464. Mr R W HARDINGHAM asked the Minister of Justice:

How many persons were convicted of (a) assault with intent to do grievous bodily harm, (b) culpable homicide, (c) murder, (d) rape and (e) robbery in the magisterial districts of (i) Mooi River, (ii) Kokstad, (iii) Himeville, (iv) Matatiele, (v) Bushman's Nek, (vi) Umzimkulu and (vii) Howick during 1984 or the latest specified period of 12 months for which figures are available?

(91) Hansard Q.61. 587 12/3/85

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(3) Tuberculosis patients died in 1984

(a)	Cape Province	1 238
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	Transvaal	489

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(89) (90) Hansard Q.61. 588 12/3/85

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Cape Herald
11 May 1985



By MICHAEL DOMAN

Cape Town urban area has highest TB rate in the country — report

IN a shock disclosure to Parliament, the Government has announced that more than 50 000 cases of TB have been notified in South Africa over the past year.

And medical experts believe the disease may have reached uncontrollable proportions.

The latest figures pinpointed Cape Town as being the urban area with the highest TB rate in the country.

Taxed on these figures, the Medical Officers of Health for the City Council and Divisional Council have admitted there was "very little" they could do to stem the tide.

Infected

The latest South African Medical Research Council (MRC) report on TB said approximately five to ten coloured children in 1 000 and 23 Africans in 1 000 were infected annually in Cape Town.

The coloured rate was similar to that in the rest of South Africa, but there were more than twice as many local Africans infected than the national average of 10 in every 1 000.

The study had shown the Cape Town figures for Africans to be similar to those for the Ciskei and Transkei populations, and it appeared that the occurrence of the disease in the Mother City's townships, depended on the TB disease patterns in these homelands.

The MRC expressed concern that although the overall incidence rates for tuberculosis were decreasing in most parts of South Africa, the decreases did not always cancel out the effect of increasing population numbers.

Investigation

"In some cases, such as among the coloured population in Cape Town, there is no downward trend in the annual rate of infection," their investigation found.

Dr Reg Coogan, the City Council's MOH, said the number of new cases of TB in his areas in Cape Town had more than doubled — 2 000 to over 4 000 — in the six years between 1978 and 1984.

"But a large contributary factor to this state of affairs has been the closure for economic reasons of 1 000 treatment beds," he added.

"Also, we have a 40 percent defaulter rate of patients undergoing treatment. They take the prescribed drugs for only a couple of months until they feel better, instead of completing the full six-month treatment period.

"Such people may have relapses and cause us problems in the future," said Dr Coogan.

Both he and Dr LR Tibbit, MOH for the Divisional Council, agreed that TB was a socio-economic disease, which could never be eradicated by purely medical methods.

Improved

Said Dr Coogan: "In other countries, living conditions have been improved, and TB cleared up.

"The disease is gaining on us. We need more treatment beds, not necessarily in hospitals. TB victims are able to help themselves and hostel beds are ideal for their treatment," he said.

Dr Tibbit, who has control of areas such as Crossroads, Khayelitsha, Atlantis and Hout Bay, said only 20 percent of TB cases needed hospitalisation.

"The rest can be treated by means of regular visits to the clinic, or home visits," he said.

"Conditions such as overcrowding — often with too many people sleeping in one bedroom — poor housing, unemployment and malnutrition must be cleared up for there to be progress in the field of TB control.

Losing

"I wouldn't say we are losing the battle against TB, but we aren't winning," was Dr Tibbit's cryptic comment.

He said his department had recorded 250 more cases of the disease in 1984 than in 1983.

According to the figures released in Parliament, there were also at least 14 000 cases of measles notified in 1984.

Dr Tibbit said measles was not a problem, except in Nyanga and Crossroads.

However, 23 000 innoculations against measles had been given in these areas in a three-month period early this year.

"This disease is largely brought to Cape Town by people from rural areas," he said.

The symptoms

PEOPLE owe it to the community to report to a clinic, doctor or hospital as soon as they detect the symptoms of tuberculosis in themselves or their children.

You may have this highly infectious disease, if you are experiencing one of the following symptoms:

- **loss of weight**
- **sweating at night, even on cold nights**
- **continued coughing, sometimes producing bloodstained phlegm**
- **loss of appetite**
- **a weakened feeling.**

Some of these may be symptoms for other diseases.

If you have been diagnosed as having TB, it is of the utmost importance to complete your programme of treatment.

TB

The deadly cough

By STAN MHLONGO and HERMAN LETSIE

TUBERCULOSIS kills between 10 and 20 people every day in South Africa.

And there is a strong connection between TB and apartheid, says KwaZulu Health and Welfare Minister Frank Mdlalose.

Dr Mdlalose said while only two out of every 1 000 whites die every year from TB, the figure in the black community is 49 in every 1 000.

These frightening figures shadowed the SA National Tuberculosis Association's week-long celebrations, which ended on Saturday.

While the celebrations went on in various centres, Santa liaison officer Nathan Khumalo told City Press that TB was a "dreadful" disease which could not only kill, but was also responsible for over 62 percent of other infectious diseases.

These include cholera, typhoid, leprosy, diphtheria, polio, smallpox, measles and malaria, he said.

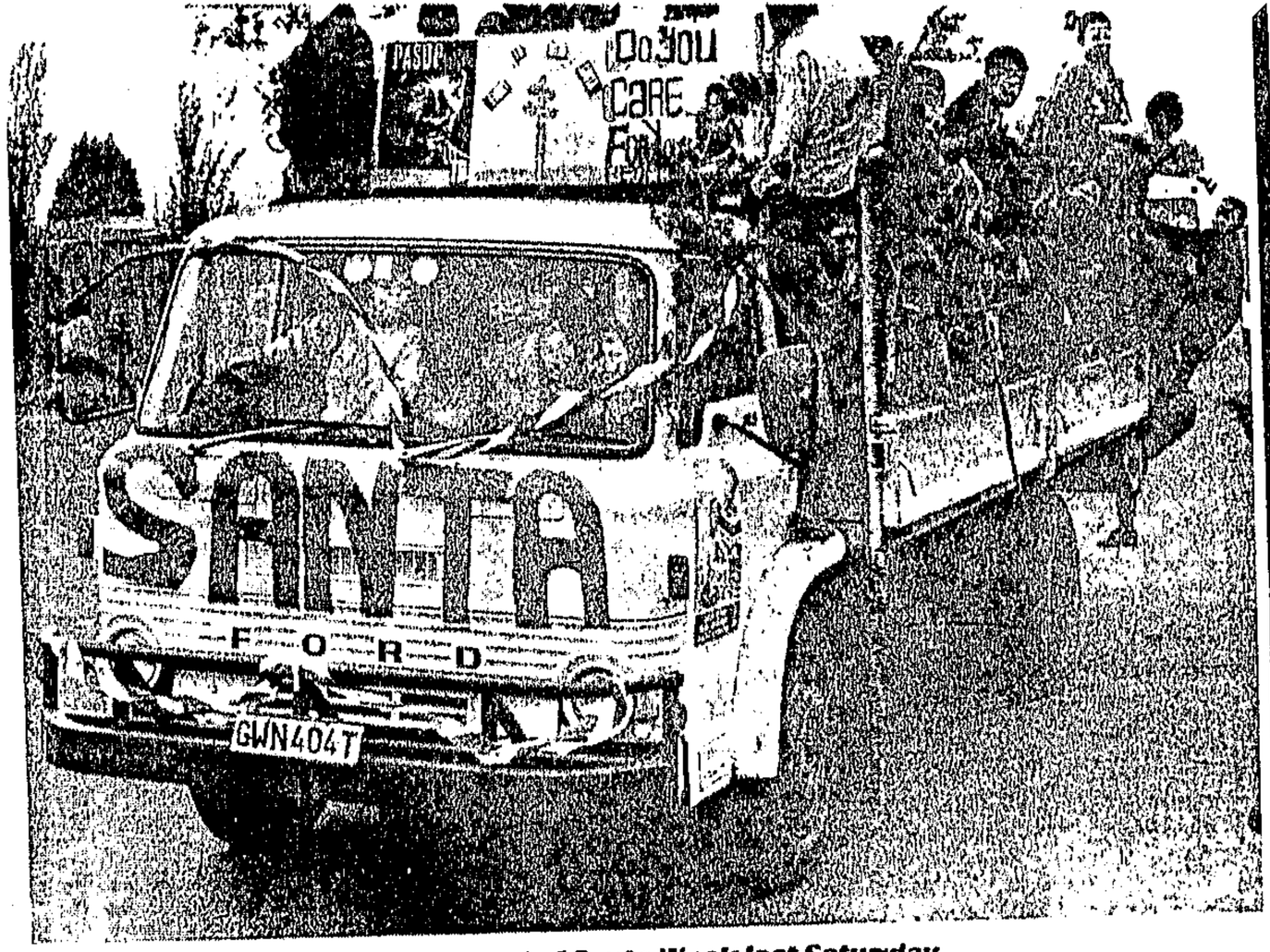
Between January and February this year, 1 513 TB patients were admitted to hospitals.

And Santa is determined to create a greater awareness of the disease among community members.

The Santa Week celebrations ended with scores of youths pledging to participate in a campaign to improve awareness about the dangers of the killer disease.

"People are scared of TB and we want to show that it is an ordinary disease, curable and preventable," said Mr Khumalo.

Various speakers at the celebrations appealed for more community involvement to help end the fear of TB.



Bekkersdal residents mark the end of Santa Week last Saturday.



Just calle

STEVIE Wonder fought apartheid at the United Nations this week.

"Innocent ones still die, the innocent ones still die, we can't value life too high, if the innocent ones still die," Wonder sang in the General Assembly this week, when the UN Committee Against Apartheid honoured him on his 35th birthday.

He and entertainer Roberta Flack also sang the song that put him in the SABC's bad books – I Just Called To Say I Love You, adding: Nelson Mandela, we just called to say we love you

'SA shouldn't ban my songs — they should ban apartheid'

The blind singer was banned by SABC when he dedicated his Oscar, won for the song, to Mandela.

He brought a revival meeting atmosphere to the usually-staid General Assembly Hall as he denounced in words and music the policies of apartheid in South Africa – "the land with tears in her eyes".

Later Wonder told a Press conference he first heard of Mandela from

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Border rife with TB—claim

Dispatch Reporter

EAST LONDON — Tuberculosis was most prolific in the Border and Eastern Cape and the population group at risk was children.

This was said by Mr J. W. Gloster, who was unanimously re-elected chairman of the South African Christmas Stamp Fund, Border area, at the annual general meeting at the City Hall yesterday.

Mr Gloster said tuberculosis would never be eradicated, but could be prevented. The Christmas fund was interested in the prevention of tuberculosis, particularly in children, but was not involved in the treatment or hospitalisation of TB sufferers.

He said the disease was common among the depressed and the undernourished.

The dwellers in overcrowded slums, shanty towns or bad houses were the worst hit. "It is found where there is inadequate food, clothing, ignorance, alcoholism, drug abuse, squalor, lack of education and poor personal and domestic hygiene," Mr Gloster said.

The fund placed emphasis on health education to improve the conditions with particular reference to children, he said.

The fund was involved in extensive campaigns to prevent the disease.

It had donated more than R500 000 last year towards a fully equipped training centre at Modder Bee and was involved in other health education schemes like providing mobile clinics in rural areas and cities. A fitted mobile clinic costs about R19 000. There were other Santa projects and anti-TB projects were supported. No amount of treatment could replace health education, he said.

He said the total sales in the Border area were more than R33 000, including stamps, donations and cards. He appealed for more helpers because "tuberculosis was awake and gaining ground".

The chairman's report was adopted.

Dr L. B. Schneider said TB was a scourge. But people were still not coming forward for treatment, and there were 40 empty beds for children suffering from TB at Frere Hospital.

In seconding the adoption of the chairman's report, he said he would like to commend Mr Gloster for his interesting report and the hard work he had done as chairman of the fund.

The guest speaker, Dr K. J. Upton, of Frere Hospital said, without raising the educational, socio-economic and nutritional status of the population, they were fighting a losing battle.

"We could shrug our shoulders and claim that malnutrition and socio-economic problems of this country are political and, therefore, require a political solution.

"But we can make a start by ensuring immunisation of the whole population, raising the level of education and encouraging optimal utilisation of available resources," Dr Upton said.

He said owing to staff shortages at his hospital the policy was to limit admissions to cases of TB of the lung, very ill and debilitated patients, patients whose homes were far from a clinic or hospital where they could receive treatment, patients who were likely to default and not continue taking their medicine, or those who had had TB before, but which had since been reactivated.

Patients were discharged as soon as possible, he said.

The mayor, Mr J. Yazbek, said the Christmas Stamp Fund was a worthy institution worthy of canvas.

"We realise the urgency of eliminating this terrible disease," he said.

The following schools received awards for the 1984 campaign of sale of stamps.

The Maj McClelland Shield for the highest percentage increase in the sale of stamps at a school went to Laerskool Voorpos. The model Dairy Trophy for the highest sale in a coloured school went to the Pefferville Primary School.

Aqua Vista Primary School, Clarendon High School for Girls, Commercial and Hudson Park High Schools, Gonubie, Hudson Park Primary Schools, Hoërskool Grens and Selborne College received certificates in appreciation of their outstanding service.

Mercury trophy for area postmaster went to Mr E. Valtyn of Pefferville Post Office; Mercury trophy for country postmaster to Mrs M. Venter of Amabele Post Office. Indwe, Kei Mouth, Komga, Southernwood, Stutterheim, Tecoma, Vincent and West Bank post offices received certificates in recognition of a substantial increase in the sale of Christmas stamps during the campaign.

CPT Times 29/10/85 (91)

Concern at rise of TB cases

By CHRIS ERASMUS
Medical Reporter

LOCAL medical authorites are very concerned about the alarming increase in the number of new tuberculosis cases — particularly among coloureds in the divisional council area.

Until now, TB has been considered a more serious health problem among Cape Town's black community because of the continual renewal of infectious sources from the homelands.

Authorities said yesterday the very high number of TB cases was much more worrying than the increase in the number of measles cases reported recently in the Peninsula.

Measles

Dr S A Fisher, Deputy Medical Officer of Health for the Cape Divisional Council, said that so far this year 320 cases of measles had been reported, by far the majority of these occurring in Nyanga and Crossroads.

This compared with 265 new cases for the whole of last year.

"What was worrying us was that the increase was first seen in November last year, while this disease usually peaks in winter. We therefore launched major immunization campaigns in December and March and are planning another.

"Although we had no cases of polio last year at all and have had only seven reported cases so far this year — only two of which have been confirmed — we are concerned because, like measles, polio is an infectious disease which is entirely preventable.

"The TB picture, however, is much more serious. The total number of new cases reported in 1984 was 2 750, a 10 percent increase on the figure for the previous year. Up to June this year, 1 388 cases have been reported, indicating that this year we will again be up on last year's figure.

'Worrying'

"In May, for the first time ever, we had over 300 notifications. The situation is very worrying," said Dr Fisher.

Dr Reg Coogan, Cape Town's Medical Officer of Health, said that in the City itself there was no epidemic of either measles or polio, but TB remained "the biggest public health problem we have".

In Cape Town the incidence of polio had been two in 1981, one in 1982, three in 1983, none last year and four so far this year, representing among the best figures for a city of over a million people to be found anywhere in the world.

The figures for measles were also relatively very low: 300 in 1981, 404 in 1982, 342 in 1983, 156 in 1984 and 180 so far this year.

TB hostels

"In 1983 we had 3 935 new TB cases reported and last year the figure rose to 4 056 — not a large increase in itself but the problem continues to be serious," Dr Coogan said. "We have been very concerned since 1978 and particularly since 1979/80 when over 1 000 beds for TB treatment were closed in the City for financial reasons.

Disease

"This a socio-economic disease that cannot be cured by medical means alone. The problem is that patient compliance with treatment is only 70 percent in clinics but 98 percent in TB hostels — our biggest difficulty remains the shortage of available beds," said Dr Coogan.

"In the past I have called for more beds to be made available for the treatment of TB and I make this call again now."

Grade 10

0.00 0.00 14.95 16.71 18.03 19.35 22.88 22.88 26.40 29.04
0.00 0.00 14.47 11.44 11.42 10.92 10.16 9.32 10.32 10.15

Current Hours: 44 Hourly Change 1975 to date: Nominal +0.0% Current Real Weekly Wage: R 9.39

Grade 12

10.38 13.85 16.55 18.76 20.14 21.58 24.48 24.48 28.08 30.96
10.95 14.38 16.02 12.84 12.75 12.18 10.87 9.98 10.97 10.82

Current Hours: 44 Hourly Change 1975 to date: Nominal +388.1% Real +49.5% Current Real Weekly Wage: R 10.01



TB kills 3 600 in SA every year

MORE than 3 600 people die in South Africa every year from tuberculosis, according to figures released yesterday by the South African National Tuberculosis Association.

Miss Julia van Heerden, public relations manager of Santa, told The SOWETAN yesterday that most of the victims of TB were blacks and coloureds.

"Tuberculosis is a socio-economic disease which thrives in areas where malnutrition is rife. This is the main reason why the mortality rate is high among blacks and coloureds," Miss van Heerden said in an interview.

She said between 63 000 and 65 000 new cases were notifiable throughout the country.

By SY MAKARINGE

"The mortality rate has been more or less the same during the last three years," she said, adding that it was lower compared to previous years.

She attributed this to the modern drugs that are being used to prevent and cure the disease.

Miss van Heerden said Santa's 22 centres throughout the country admitted about 14 000 TB patients every year, 11 000 of whom were cured and discharged.

"This is the first time that we have released figures of this nature, she added.

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Violence threat to health services

Mercury Reporter

THE recent political unrest and township violence has made it increasingly difficult for health services to deal with the growing threat of tuberculosis.

This was revealed in a statement at the South African National Tuberculosis Association's annual meeting.

Access to those more prone to tuberculosis had been made difficult in the past year and health services were breaking down as rioters destroy buildings and disrupt medical services, the statement said.

Numerous appeals were received by Santa from tuberculosis sufferers in the townships who did not know where to continue getting treatment.

One of the biggest dangers of this breakdown, the statement said, was that such breaks in treatment resulted in drug resistance which made sufferers incurable.

'Tuberculosis is related to poor socio-economic conditions and the time is thus ripe for tuberculosis to thrive.'

Between 120 000 and 150 000 people are on treatment at any given time and more than 60 000 new cases are reported annually in South Africa.

Capt Times 7/11/85

91

Rise in TB among coloureds

By CHRIS ERASMUS
Medical Reporter

AN ACCELERATED tuberculosis epidemic is occurring among coloured people throughout the country and especially in the Western Cape, according to the Medical Officer of Health for the Cape Divisional Council, Dr L R Tibbit

Addressing the TB issue in his 1984 annual report, Dr Tibbit described it as the "main infectious disease problem" facing medical authorities. He said there was an overall increase of 10 percent in the number of notifications of the disease in 1984, compared to 1983.

Since 1980 the number of annual notifications had increased by 54 percent, he said.

In all, there were 2 750 TB notifications in the Cape Divisional Council area in 1984 as against 2 500 the previous year.

Answer

"The notification rate per 100 000 has risen from 390 in 1983 to 415 in 1984 in the coloured population and it is evident that there is an accelerated epidemic of TB occurring in this population, especially in the Western Cape but also throughout the Republic," said Dr Tibbit.

"I am convinced the long-term answer to this problem is the development of community participation in the prevention, early reporting and completion of treatment of TB sufferers.

Media

"This can only be done by education. More beds for the hospitalization of TB sufferers, especially those who tend to default on treatment, is also necessary in the short term.

"However, as long as there is overcrowded housing and poor nutrition, a high prevalence rate of TB must be expected," he said.

Among steps recommended by Dr Tibbit to deal with the epidemic were the appointment of more health educators, including lay people, increased media coverage of the problem and the provision of a third mobile X-ray machine and an automatic processor for the Nyanga clinic.

● Dr Tibbit also said in his report that ischaemic heart disease (IHD) was the biggest killer overall, and especially among whites, in the Cape Divisional Council area during 1984.

IHD had accounted for 11,6 percent of all deaths and 22.1 percent of deaths among whites.

Nearly a quarter (23,5 percent) of all deaths among blacks were caused by a combination of homicides and transport accidents, with the next greatest cause of death in this group being intestinal infections, particularly among young children.

Indicators

There was little change in the infant mortality rates (IMRs) of whites and coloureds, said the report.

However, it was disturbing to note that there was a "significant rise" of more than six percent (from 32.32 to 38.36 percent) in the black infant mortality rate, particularly as IMRs were useful indicators of the efficacy of health services.

The greatest increase in infant deaths was among black neonates (new-borns) with a similar increase in the black still-birth rate.

The IMRs for the white and coloured groups were 9,62 and 24.47 percent respectively for 1984 as against 9,36 and 23,55 percent for 1983.

to importing sunflower seed for national consumption; if not, why not; if so,

(3) whether any sunflower seed will be imported for this purpose; if so, (a) when, (b) in what quantities, (c) from what countries and (d) at what price?

The MINISTER OF AGRICULTURAL ECONOMICS:

(1) None—March 1986.

(2) No. It is more profitable to import crude oil; phytosanitary requirements restrict the processing of imported seed to costal installations; and problems regarding the quality of imported seed have been experienced in the past.

(3) Falls away.

Own Affairs:

HANSARD 12/3/86
Q COR 515

Old-age homes

17. Mr B B GOODALL asked the Minister of Health Services and Welfare:

(1) (a) How many old-age homes for White persons were there in the Republic as at the latest specified date for which figures are available and (b) how many aged persons can be accommodated in these homes;

(2) What total amount was spent by his Department in the 1985-86 financial year on old-age homes and facilities for aged persons;

(3) whether there is a shortage of (a) old-age homes and (b) facilities for the care of the aged; if so, (i) what is the nature of the shortage and (ii) what steps is his Department taking to overcome this shortage?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) (a) 395 Subsidised homes.
4 Homes run by the private sector for the State.
4 Departmental homes.
91 Private homes not subsidised.

(b) 32 569.

(2) R64 263 000 for 1984-85. Final figures for 1985-86 are not yet available.

(3) (a) Yes.

(b) Yes.

(i) The shortage is in respect of provision for frail aged and service centres.

(ii) By the subsidisation of additional aged persons in homes and service centres to be established.

HANSARD 12/3/86
Q COR 516

War veterans' pensions

18. Mr B B GOODALL asked the Minister of Health Services and Welfare:

How many White (a) male and (b) female persons over the age of 85 years were in receipt of war veterans' pensions as at the latest specified date for which figures are available?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(a) 771.

(b) 153 (As at 31 December 1985).

HANSARD 12/3/86
Q COR 516

Old-age pensions

20. Mr B B GOODALL asked the Minister of Health Services and Welfare:

(1) How many White persons applied for old-age pensions in 1985;

(2) how many of these applications (a) were granted, (b) were refused and (c) are still under consideration;

(3) how many of the refusals were attributable to the applicant's assets exceeding the limits laid down by the means test;

(4) what total number of White persons were in receipt of old-age pensions as at the end of 1985?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) 11 550.

(2) (a) 7 275.

(b) 2 761.

(c) 1 514.

(3) 773.

(4) 142 806.

Q COR 517

HANSARD 13/3/86

Social workers

23. Mr P G SOAL asked the Minister of Health Services and Welfare:

Whether his Department employs any social workers; if so, (a) how many and (b) how many social workers are employed in posts subsidised by his Department?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(a) 378.

(b) 899.

THURSDAY, 13 MARCH 1986

†Indicates translated version.

For written reply:

General Affairs:

Advertisements

131. Mr D J DALLING asked the Minister of Trade and Industry:

(1) What was the total amount spent by his Department in 1985 on placing advertisements for any purpose in newspapers in the Republic;

(2) what amount was paid to each specified newspaper in the above regard in that year?

The MINISTER OF TRADE AND INDUSTRY:

(1) and (2) R1 785,72 to Business Day.

Q COR 518
HANSARD 12/3/86

Tuberculosis

247. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) How many cases of tuberculosis were reported in 1985 in each (a) province and (b) national state whose government had not taken over health services;

(2) how many cases of tuberculosis were hospitalised in each (a) province and (b) such national state in 1985;

(3) how many tuberculosis patients died in each (a) province and (b) such national state in 1985?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

	(1) Tuberculosis Cases	(2) Tuberculosis Cases Hospitalised	(3) Tuberculosis Deaths
Transvaal			
White	250	5 845	5
Coloured	583		6
Asian	75		1
Black	14 135		422
O.V.S.			
White	23	3 134	0
Coloured	182		8
Asian	1		0
Black	3 085		67

	(1) Tuberculosis Cases	(2) Tuberculosis Cases Hospitalised	(3) Tuberculosis Deaths
Natal			
White	65	10 036	6
Coloured	144		7
Asian	495		25
Black	4 321		44
Cape			
White	360	15 701	18
Coloured	10 512		213
Asian	24		0
Black	9 851		633

The governments of all national states had taken over health services.

HANSARD 13/3/86 Q ORAL

Agricultural products: statutory levies

346. Mr R W HARDINGHAM asked the Minister of Agricultural Economics:

(a) What amounts were collected from producers in the form of statutory levies on each specified agricultural product in each of the latest specified three years for which figures are available, (b) what steps were taken in respect of the amounts so collected, and (c) for what purpose were they used, in each case?

The MINISTER OF AGRICULTURAL ECONOMICS:

(a) (i) Statutory levies collected from producers to finance the functions of the Marketing Boards.

Marketing Board/Product	1982-83	1983-84	1984-85
Potato Board	5 827 574	4 395 619	4 697 822
Egg Board	4 587 811	6 295 694	8 080 361
Canning Fruit Board	559 017	605 178	364 525
Cotton Board	737 721	1 077 142	712 789
Wheat Board (Wintergrain, Wheat, barley, oats and rye)	7 220 343	11 000 935	9 044 745
Maize Board (Summergrain, maize, grain sorghum and buckwheat)	165 447 853	9 460 923	8 271 796
Banana Board	1 445 211	1 744 446	2 042 489
Rooibos Tea Board	689 213	874 173	1 197 504*
Deciduous Fruit Board	12 863 236	15 652 942	17 607 955
Citrus Board	5 300 842	5 804 835	5 542 248*
Dairy Board	62 340 898	98 272 549	117 763 520
Mohair Board	907 938	1 063 272	1 188 571
Tabacco Board	13 325 496	16 492 597	19 406 999
Meat Board	52 898 028	57 742 317	54 733 100*
Wool Board	5 905 919	6 423 618	30 795 729
	1981-82	1982-83	1983-84
Dry Bean Board	365 563	325 758	373 100
Dried Fruit Board	1 866 576	2 531 909	2 159 432
Karakul Board	731 451	355 481	294 285
Lucerne Board	28 134	164 642	94 273
Oil Seeds Board	9 414 065	12 530 159	7 183 177
Chicory Board	704 351	689 700	923 200

* Estimate

(ii) Statutory levies collected to supplement the Minister's Fund to finance some of the functions of the South African Agricultural Union.

	1982-83	1983-84	1984-85
(1) Slaughter stock	260 319	329 223	397 622
(2) Oil Seeds	37 414	19 139	21 476
(3) Rooibos tea	—	—	1 447
(4) Maize and grain sorghum	300 058	—	117 135

HoA

	1982-83	1983-84	1984-85
(5) Cotton	15 365	11 515	5 695
(6) Industrial milk and factory cream	91 853	—	274 431
(7) Wool	56 651	54 756	59 532
(8) Winter cereals	103 637	141 527	127 906
(9) Mohair	11 405	18 194	23 963
(10) Karakul pelts	682	1 212	—
(11) Fowl chickens	2 229	2 118	2 071
(12) Buckwheat	177	26	—
(13) Fresh produce and deciduous fruit	141 813	137 224	201 267
(14) Bananas	7 859	8 683	11 020
(15) Chicory	1 582	1 488	2 287
(16) Tobacco	17 187	29 173	34 504
(17) Eggs	5 519	6 216	9 151
(18) Dry Beans	1 403	17	802
(19) Citrus fruit	30 835	28	41 376
(20) Lucerne seed	251	791	934
(21) Dried fruit	6 390	4 485	9 555
(22) Sugar	79 008	—	86 604

(b) Steps have been taken in accordance with the relevant sections of the Marketing Act, 1968 (Act 59 of 1968).

(c)

Administration	All Marketing Boards
Promotion	All Marketing Boards except Lucerne Control Boards
Financing of speciality and other agricultural organisations	All Marketing Boards except Lucerne- and Citrus Boards
Surplus removal	Potato, Dry Bean, Egg, Karakul, Cotton, Dairy and Meat Boards
Price stabilization	Dried Fruit, Canning, Wheat, Maize, Oil Seeds, Rooibos Tea, Chicory, and Tobacco Boards
Financial Assistance with regard to research	All Marketing Boards except Dry Bean, Dried Fruit, Canning Fruit, Karakul, Lucerne and Rooibos Tea Boards
Ripening of bananas	Banana Board
Seed potato scheme	Potato Board
Seed Scheme	Dry Bean and Oil Seeds Board
Plant improvement scheme	Dried Fruit, Canning Fruit and Deciduous Fruit Boards
Processing of surplusses	Egg Board
Drying of product	Chicory Board

Levies collected as indicated under (a)(ii) above were utilised in accordance with the provisions of section 46D(2)(a) and (b) of the Marketing Act, 1968, (Act 59 of 1968). The following amounts were paid over the the South African Agricultural Union.

1982-83 R988 126 1983-84 R1 136 345 1984-85 R1 306 797

Poisonous/toxic waste products: importation

444. Mr E K MOORCROFT asked the Minister of Environment Affairs and Tourism:

HANSARD 13/3/86 Q ORAL 522

(1) Whether his Department (a) has authorised or (b) has any knowledge of the importation of poisonous or toxic waste products into South Africa for storage or disposal purposes; if so,

(2) (a)(i) what substances have been imported and (ii)(aa) from which country or countries and (bb) in what

20/3/86 Star (91)

A cheerless shelter of healing

Tuberculosis victims face a bitter winter

By Joe Openshaw, Medical Reporter

The buildings are cheerless and resemble draughty army barracks, few windows have curtains, the dining room ceiling is in disrepair and this winter the inmates again face bitter cold without heating.

The one ablution block for 40 men has only two showers and three lavatories.

Brother Jeremy of St Peter's Priory — who took me there — says the 16-building complex reminds him of 1943 and the German prisoner of war camp in which he was held.

The Charles Hurwitz South African Tuberculosis (SANTA) Centre for blacks at Baragwanath, on the outskirts of Johannesburg, is in dire need of equipment, furnishing and repair.

The original settlement went up in the late 1940s and the buildings were meant to last only 10 years because it was believed tuberculosis would become a thing of the past.

Last year — 40 years later — there were 65 000 new notified cases of tuberculosis and at any given time there are between 150 000 and 200 000 people being treated for the disease in South Africa.

Although it does not inspire the dramatic headlines announcing deaths from AIDS or Congo fever, 10 people die of the disease every day.

Though the hospital may be bereft of furniture and equipment, and the wards uninviting and uncomfortable, it is still a place of healing and hope for 430 men, women and children.

Most of the patients contracted TB through sèvere social deprivation and its attendant poverty and malnutrition.

They spend six months in the hospital, where the quality of life is spartan and monotonous.

"Smoking and drinking are out. Apart from routine medical treatment and eating, there is little else to do.

"There is a tremendous waste of human resources and a crying need for a programme of various activities — sewing, gardening, cobbling, carpentry, domestic science, toymaking, basketry and rugmaking, which could prepare them to make a living on their return home," says Brother Jeremy.

There is piped music but no TV. Once a week one of the patients shows a hired film in the dining room.

"To my shame, I must confess I had been going to this SANTA centre for years before the urgent problem of heating hit me last winter.

"There are a couple of single-bar heaters but in 20 bed wards for the sick and dying, there is no heating at all," he says.

Brother Jeremy and Matron Mavis Mhlambi highlight other needs:

- For 430 patients, there are 305 bedside lockers or trunks. The unlucky ones keep their personal gear in plastic bags and cardboard boxes.
- There are only 109 chairs for the patients and they sit outside on the paving or walls.
- There are just two wheelchairs and one mobile trolly.
- If adequate heating is installed, the ceilings will have to be insulated.

"Spiritual guidance can be a comfort but the interdenominational Chapel of Christ the Healer cries out for a face-lift.

"In winter the chapel is freezing and in summer it is stiflingly hot. Coupled with the broken seats and tawdry furnishings, this discourages even the most ardent," says the priest.

Brother Jeremy, Matron Mhlambi and the newly appointed administrator of the hospital, Mr Nathan Khumalo, are not judgmental or looking for scapegoats — they just beg that the privileged give help.

"Come and transform the situation by your love and care," exhorts Brother Jeremy.

In practice, help will mean adopting a ward and providing it with heating and furniture.

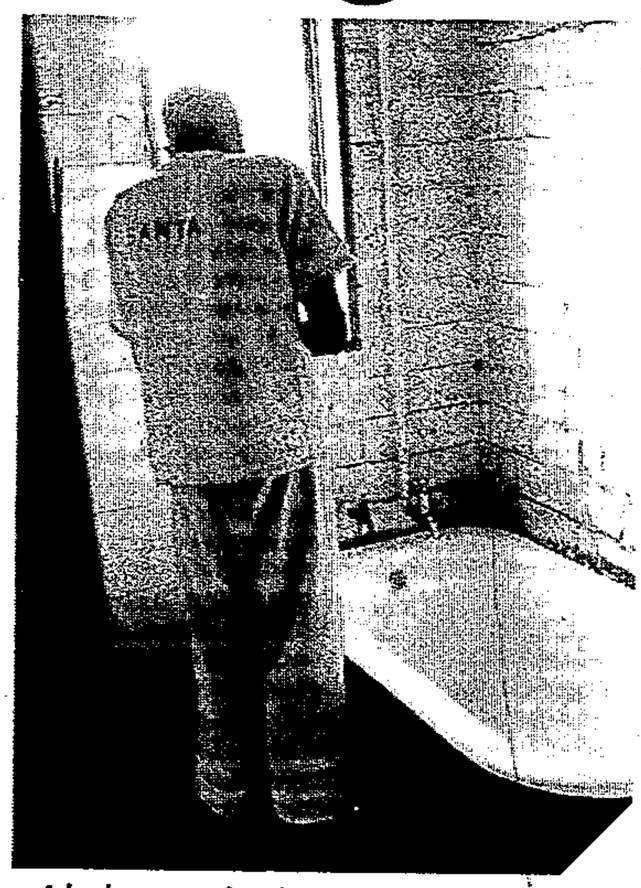
Second-hand chairs, bedside tables, curtains, pictures, magazines for adults and toys for the children are needed.

Well-wishers can help by insulating the roofs of wards and repairing the ceilings.

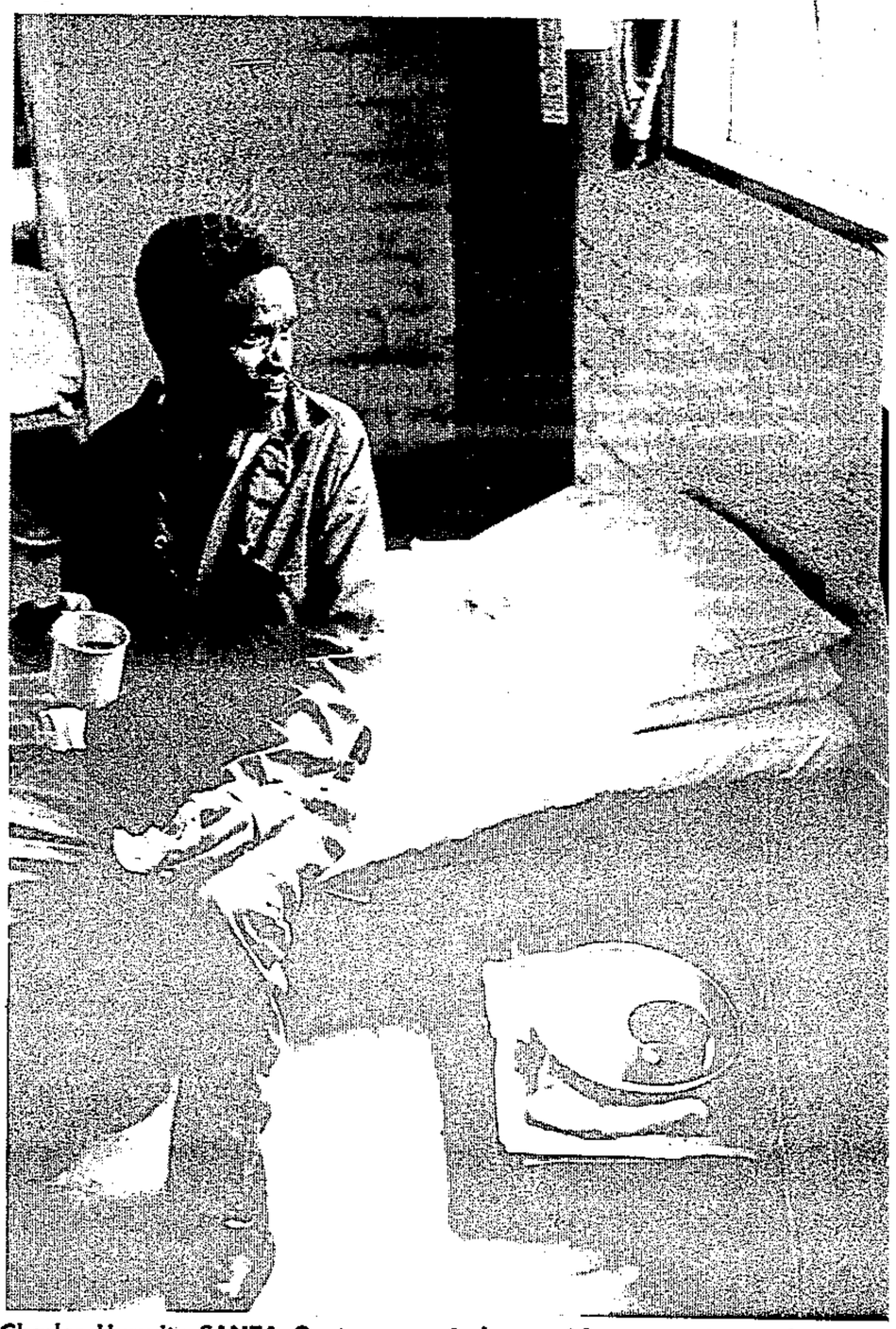
Or they can sponsor an occupational therapist or help provide three mobile emergency trolleys and a few wheelchairs.

Donations can be made to the Charles Hurwitz SANTA Centre, Box 27676, Bertsham 2013, or telephone 993-1435.

Alternatively, contact SANTA at Box 10501, Johannesburg 2000, or telephone 29-9636.



A bathroom at the Charles Hurwitz SANTA Centre



Charles Hurwitz SANTA Centre . . . windows without curtains and patient without bedside lockers.



Brother Jeremy brings fleeting cheer to a TB patient lying in bed at the SANTA centre.

SOWETAN, Wednesday, April 30, 1986

'10-m TB sufferers in SA'

SOWETAN 30/4/86

By SY MAKARINGE

MORE than 10-million people in South Africa have tuberculosis, Dr Roger Rosenberg, of the pharmaceutical division of a Johannesburg chemical company, said in Soweto yesterday.

Speaking yesterday at the Friends of Baragwanath's Media Centre during the release of an educational video tape on the deadly disease, Dr Rosenberg said at least seven people died of TB every day in South Africa.

He said between 50 000 and 60 000 new cases of active tuberculosis were reported throughout the country every year.

"Socio-economic problems, poor housing, disruption of health services and total ignorance have contributed to the alarming increase in new cases of TB.

"The situation seems to be getting worse, especially among the under-privileged people in the country," Dr Rosenberg said.

The video tape, which will be distributed to clinics throughout the country, was produced to create an awareness of tuberculosis and to show how it could be prevented, diagnosed and treated.

The film shows that if TB is diagnosed early patients can receive treatment while they are still working. It also identifies the symptoms and discusses how the disease can be prevented.

Dr Rosenberg said many people who contracted the disease did not go to hospitals or clinics for fear of losing their jobs.

"It is against the law to fire somebody who is suffering from TB. People should be urged to get treatment," he said.

ency, weekend.

work cameras saw the failure. To the house.

TB increases by more than 1 100 cases a year

Medical Reporter

REPORTED tuberculosis (TB) cases in greater Cape Town have increased by more than 1 100 a year in the past decade — but 1 000 treatment beds have been closed.

This was "very depressing", the Medical Officer of Health, Dr Reg Coogan, said in his annual report.

TB was on the increase when it should have decreased.

In 1975 2 742 new cases of TB were reported, by last year the figure had risen to 3 825.

The hospital beds were shut for financial reasons.

There is now only one bed for every 25 cases of TB in the area. Dr Coogan said this was "a grave error."

The unrest severely hampered the work of TB clinics in the townships in the past year, Dr Coogan said. The x-ray unit at Langa had been destroyed by arsonists.

"The disease is fundamentally a manifestation of socio-economic ills — malnutrition, bad housing, overcrowding and poverty. It is not possible to eradicate TB by medical means alone," he said.

He said patients now had to attend township clinics, but, in spite of intensive health education, more than 30 percent of patients did not take their medication as opposed to two percent among in-patients in TB wards.

"This raises the spectres of failed treatment courses, relapses and the emergence of drug-resistant bacilli."

Pleas to the Department of National Health and Population Development and the South African National Tuberculosis Association (Santa) had produced "nothing but long debate", he said.

Unrest takes high toll in babies' lives

Medical Reporter

UNREST in black areas of the Western Cape took its toll with an increase in infant deaths last year.

Cape Town's medical officer of health, Dr Reg Coogan, said in his annual report that the figures showed "only too clearly the price paid by this group during times of unrest".

"For long periods Guguletu and Langa have been dangerous no-go areas and vital street cleaning, garbage removal services and immunisation programmes have suffered, with the inevitable cost in babies' lives," he said.

While figures for the black population had dropped significantly in the past decade, they showed increases in 1976 and last year.

Dr Coogan's report said the 17,6-percent infant mortality rate for coloured people in the Western Cape was "well within the World Health Organisation's acceptable limit for a city of the developed Western world", while the white rate — at 12,4 percent — had not changed in the past decade.

He said the rate was a valuable indicator of loss of life and its close relation to social conditions.

Macs claim 50

ance.

Wood and veteran Kevin Hel- tyres or the Michelins.

SA is still battling scourge of the 80s

8/5/86 SPAN

Own Correspondent

PRETORIA — Too few South Africans are aware that between 10 and 20 people die every day from the scourge of the 80's — tuberculosis (TB).

Although this disease has existed for 5 000 years, it is still regarded as a major health problem in South Africa as 65 000 new cases are reported annually.

The reason is simple: TB is a socio-economic disease influenced by several factors including unemployment, a depressed economy, political unrest and increses in the price of food.

However, the solution is not simple. The only way to come to grips with TB is for everyone to support associations such as the South African National Tuberculosis Association (Santa).

In most cases, TB patients can be cured, particularly if the disease is diagnosed early enough. Unfortunately, TB still suffers from a stigma, and possibly more alarming, there is a great deal of ignorance surrounding the disease.

Many things are needed in the fight against TB — facilities, personnel, drugs and, of course, financial aid.

Santa believes its greatest and most effective weapon against the disease is for people to be better informed about the disease.

By knowing the danger signs of TB — chest pains, continual coughing and breathlessness as well as weight and appetite loss — suspected TB suffers can be referred to their nearest clinic.

Supervision of the treatment of a diagnosed TB patient who is able to remain at home or at work, as well as moral support is very important.

Prevention of TB is far better than cure, particulary in the case of children who should be vaccinated and should have well-balanced diets.

Other important ways in which the general public can help is by helping with some of Santa's projects on a national or local level and by providing financial backing to enable the association to extend its services.

People interested in becoming voluntary workers, regarded by Santa as their greatest strength, can contact the association in Johannesburg at 29-9636.

Computerised weather info system for Natal university

By Duncan Guy

MARITZBURG — A computerised weather information network

Public invited to join

ARGUS: 4/07/86

Crossroads refugees: Concern over spread of TB

By ROBERT HOUWING
Staff Reporter

CROSSROADS refugees with tuberculosis are not going to clinics for treatment and relief workers fear a wider outbreak of the disease.

Mrs Ann Botha, public relations officer for St John Ambulance, said today that although figures were not available, it had come to the attention of the organisation this week that many tuberculosis patients feared ostracism, especially by people who might offer temporary accommodation.

"As a result the tuberculosis sufferers try to hide the fact that they have it and this is cause for concern."

She said it was "obvious enough" that people sharing relief facilities and rations with tuberculosis victims would be reluctant to be with them.

Divisional Council deputy medical officer of health Dr S A Fisher said it was "essential" that TB sufferers visited clinics regularly.

"The main consequences of getting only intermittent treatment are that resistance to treatment can build up in the community and there is a real threat of infecting other people."

Missing

St John has launched a concerted drive to trace families and missing people.

On Wednesday St John workers found at least 30 refugee families sharing houses with settled township residents.

"Where the supporting families have run short of food and clothing we have provided these," Mrs Botha said.

"Obviously the support families cannot carry the additional burden indefinitely."

The organisation is having to delve into its own funds more than previously because of dwindling contributions.

"It is difficult to tell how long we will be able to continue our assistance."

St John received R16 000 today from the National Soccer League (NSL).

Mrs Botha said a school for 390 children had been established in a cleared-out hall at the damaged Zolani Centre.

"This is part of our drive to get some sort of daily normality back — hopefully it will enable parents to spend time looking for jobs."

Shawco warden Mr Derek Livesey said his organisation would review its relief campaign at the weekend.

It was "quite probable" Shawco would provide aid on alternate days in future.

"It has been seven weeks since the immediate emergency situation and we cannot keep issuing things like Primus stoves and pots on a daily basis."

Mr Livesey said it was vital for Shawco to restart its long-term township projects — severely disrupted during the relief effort — as quickly as possible.

Evicted

● About 2 000 Crossroads and KTC refugees have been evicted from township schools by the Department of Education and Training.

An official at I D Mkize High School in Guguletu, where there were nearly 500 people yesterday, said today: "When I came to school this morning they were all gone."

Some refugees are settling in Khayelitsha.

A spokesman for the office of Community Services (formerly the Western Cape Development Board), Mr Sampie Steenkamp, said there were about 3 600 people living in 175 tents at Khayeltisha.

This indicated that only about 400 refugees had gone there.

It was not known what had happened to the bulk of the refugees.

● Crossroads collection points, Page 7.

Father, son shot dead

NEW DELHI. — Suspected Sikh guerrillas shot dead a man and his 12-year-old son in a hit-and-run attack in Punjab. — Sapa-AP.

700 new TB victims a month in Cape Town

Staff Reporter ARGUS 8/7/86 (91)

CAPE Town is in the grip of a TB epidemic. About 700 new cases are reported each month and the figure is increasing.

An "alarmingly high" 400 new cases a month are reported from the Divisional Council area, where most of the Crossroads refugees are living.

The unrest had made fighting the disease much more difficult, said Divisional Council medical officer of health Dr Len Tibbit and the situation was cause for "considerable anxiety".

"During any unrest all clinic attendances are down, simply because people are afraid to go out. All our clinics report that last month's figures are down and this is most marked in the black areas.

It was vital for people to continue their treatment.

"Defaulting on treatment is serious because the patient is likely to have a relapse and because partial treatment builds up resistance."

The situation had been deteriorating for three years, particularly among black and coloured people, said Dr Tibbit.

This had been caused by the worsening socio-economic situation.

"But we've done a lot about it. We have the go-ahead from the Department of Health for an increase in the number of TB hospital beds in the Peninsula and we are increasing our community health nursing staff and the number of health educators. I am about to appoint 37 black community health nurses to cope in the black areas," he said.

The City Council's medical officer of health, Dr Reg Coogan, said 300 new cases had been reported in his area in May — an "unacceptably high" figure.

But an improvement in the availability of medicines, X-ray facilities and the supply of beds should enable the council's health department to cope, he said.

Cape Town in the grips of a TB epidemic

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10 TB deaths a day as SA faces epidemic

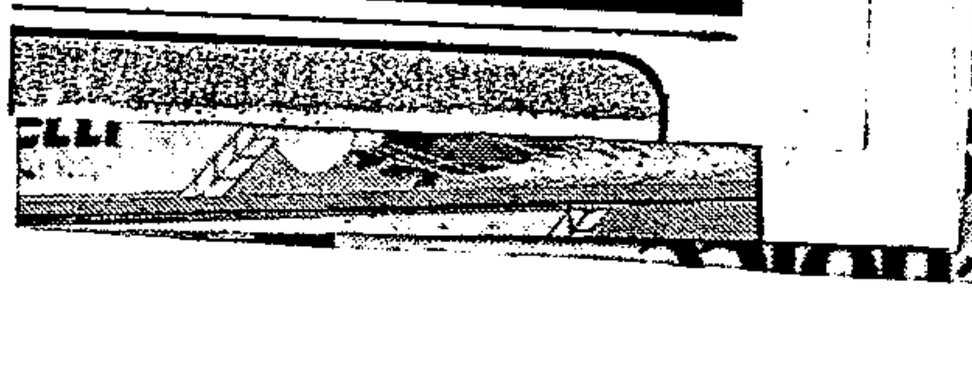
By Jaap Boekkooi

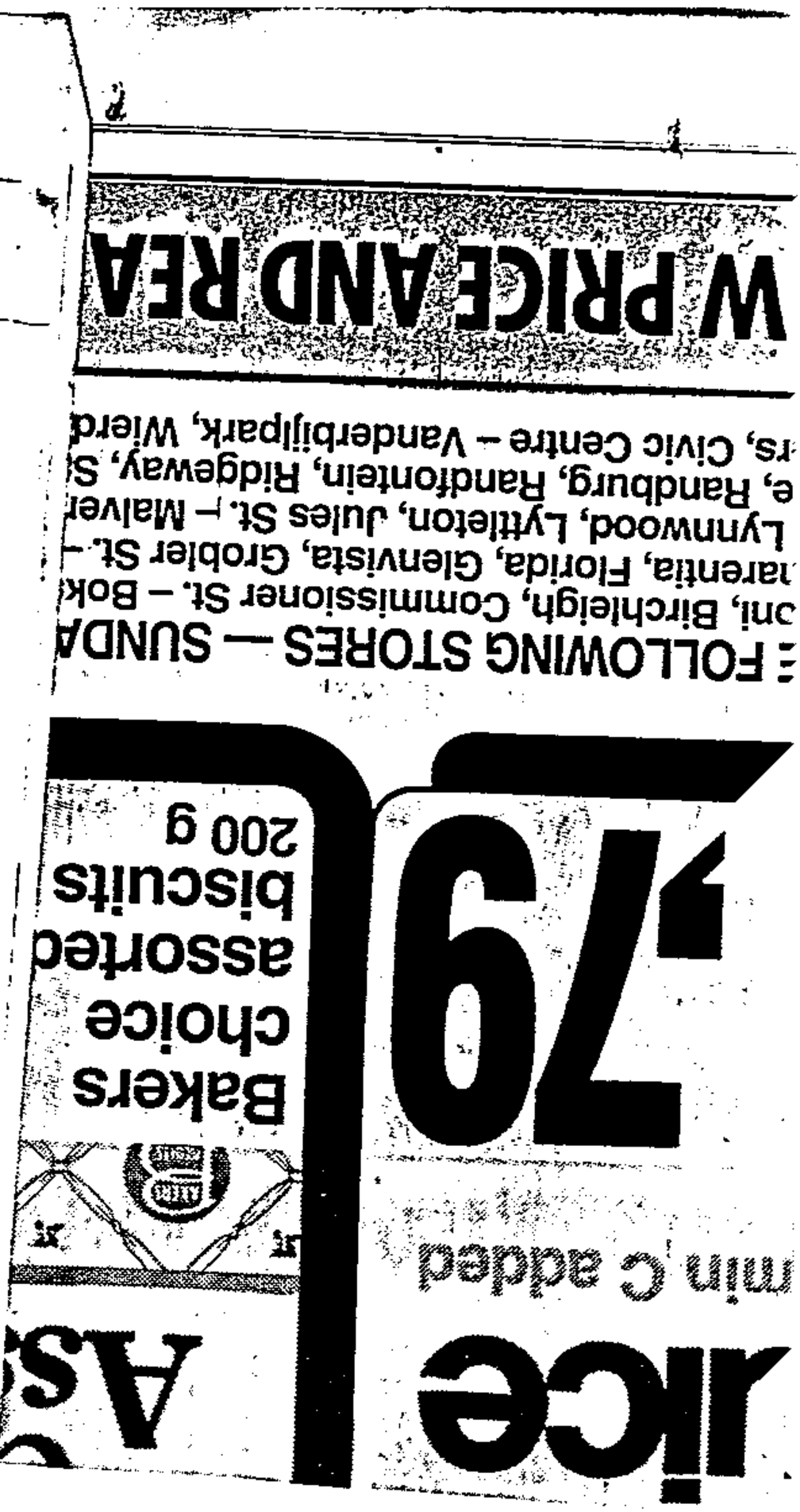
An average of 10 South Africans die of tuberculosis each day and the disease is of epidemic proportions nationally, the South African National Tuberculosis Association (Santa) said yesterday.

A Santa official was commenting on reports that there was a new TB epidemic in Cape Town and surrounding areas.

At any time, she said, there were between 150 000 and 200 000 South Africans under treatment for the disease.

Of the expected 65 000 new cases last year, based on projections from previous years, there were only 59 330 official notifications, "which is probably due to disruption of notifications during the unrest", she said.





ARGUS 16/7/86

TB epidemic: 'Improved detection necessary'

By DICK USHER
Labour Reporter

THE TB epidemic in Cape Town needs more sophisticated detection methods and a change of attitude by health authorities, says an industrial health expert at the University of Cape Town.

About 700 new cases are detected each month and the number is growing, according to figures released by Cape Town City Council and the Cape Divisional Council.

A medical practitioner at UCT involved in industrial health research said it was unfortunate that official TB control measures no longer included periodic examinations in factories.

DETERIORATING

These had been progressively abandoned since 1981/82 in favour of reliance on passive case finding — for example, TB being diagnosed by doctors in patients consulting them about a persistent cough — while the situation had been deteriorating for the past three years, according to Divisional Council medical officer of health Dr Len Tibbitt.

The practitioner said the abandonment of mass screening had been based on World Health Organisation (WHO) recommendations which were not wholly applicable to South Africa.

Their reasoning was that in developed countries TB was not much of a problem and indiscriminate screening was cost-inefficient. In developing countries, in spite of high prevalences of TB, there were insufficient resources to find or treat it.

SERIOUS PROBLEM

South Africa was developed enough to have substantial resources for diagnosis but undeveloped enough to have a serious TB problem.

The problem needed an active approach and selective screening should be reintroduced where warranted.

It was noteworthy that the WHO did not recommend discontinuation of selective X-ray screening in high-risk groups such as certain factory workers, he said.

More research into the definition of high-risk groups and the relative effectiveness of different screening methods was required.

ARGUS 16/7/86

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A medical practitioner at UCT involved in industrial health research said it was unfortunate that official TB control measures no longer included periodic examinations in factories.

DETERIORATING

These had been progressively abandoned since 1981/82 in favour of reliance on passive case finding — for example, TB being diagnosed by doctors in patients consulting them about a persistent cough — while the situation had been deteriorating for the past three years, according to Divisional Council medical officer of health Dr Len Tibbitt.

The practitioner said the abandonment of mass screening had been based on World Health Organisation (WHO) recommendations which were not wholly applicable to South Africa.

Their reasoning was that in developed countries TB was not much of a problem and indiscriminate screening was cost-inefficient. In developing countries, in spite of high prevalences of TB, there were insufficient resources to find or treat it.

SERIOUS PROBLEM

South Africa was developed enough to have substantial resources for diagnosis but undeveloped enough to have a serious TB problem.

The problem needed an active approach and selective screening should be reintroduced where warranted.

It was noteworthy that the WHO did not recommend discontinuation of selective X-ray screening in high-risk groups such as certain factory workers, he said.

More research into the definition of high-risk groups and the relative effectiveness of different screening methods was required.

DD 31/07/90

Meeting told TB on increase

Dispatch Reporter

EAST LONDON — The work of the South African National Tuberculosis Association (Santa) had been severely hampered by unrest and visits to patients by care workers had been "severely curtailed".

The chairman of the East London branch, Mr J. W. Gloster, said this in his report at the branch annual meeting here last night.

The high rate of unemployment also complicated matters as people were hard to trace due to frequent changes of address.

On the positive side, enormous strides had been made in the understanding of tuberculosis and the development of new drugs, he said.

With the high population growth, however, there were probably more cases of TB around now than there were 50 to 60 years ago. This was due to the fact that social factors such as the lack of adequate housing and malnutrition encouraged TB.

"An example of this on our doorstep is the Needs camp, home for about 6 000 displaced people," he said.

Health education was essential, Mr Gloster said. He said that plans for a new primary school at the Fort Grey Centre and the conversion of the old school there into a patient therapy centre were underway.

TB claims up to 15 a day

By Glenda Spiro (91) STAR 9/8/86

Regular coughing, loss of appetite and periodic chest pains are the early symptons of tuberculosis — a disease that's 5 000 years old, and is still rampant in South Africa.

Between 10 and 15 South Africans die every day from the "Third-World disease" — figure many medics claim is conservative, says Mrs Julian van Heerden, spokesman for the South African National Tuberculosis Association (Santa).

NUMBER TREATED

There are about 200 000 people being treated for TB at any given time in this country.

In recent years the disease has crept into the white upper echelon of society, as stress is just one of the factors that will activate the germ.

TB is more prevalent in lower income groups, however, and has reached epidemic proportions in South Africa because of poor living conditions. The unrest situation, unemployment and malnutrition activate the disease.

"A lot of people have been infected with the germ, but it can lie dormant forever," says Mrs van Heerden.

Although TB is as easy to catch as the common cold, it is not infectious if the patient has already started treatment. Only 48 hours after treatment has commenced can the patient return to work without posing a danger to people around him.

Treatment takes about six months to complete, and one of the biggest dangers is the defaulter rate among patients. If they stop taking the drugs because they feel better they can build up an immunity to the medicine and this can be fatal.

Santa's highest priority is health education to make people aware that they are infected and to stop the disease from spreading.

Today TB can in most cases be cured, but it is vitally important to diagnose it in the early stages. If a person coughs continuously for more than a month they should go to a clinic for a check-up. "Nightsweats" and coughing blood indicate the sickness is in an advanced stage.

"TB is getting worse every year. The unrest situation has made it more difficult to see and treat people," says Mrs van Heerden.

The epidemic is now reaching its peak, she added.

Deaths from TB decreasing

DEATHS from tuberculosis in SA have decreased nearly tenfold in the past 40 years, but TB is still a national problem, National Health and Population Development Minister Willie van Niekerk said in Durban yesterday.

Speaking at the annual meeting of the Christmas Stamp Fund, Van Niekerk said his department spent R73,5m to control TB in the 1985/86 financial year.

He said the number of TB sufferers under the age of 15 dropped from 36% of total sufferers in 1971 to 17,7% last year.

"It can thus be claimed progress has been made, but it is true that a lot remains to be done.

"In spite of having more than 10 000 hospital beds available, some areas still experience a shortage of hospital-

Own Correspondent

accommodation.

"In most parts of the country the risk of infection has shown a steady decline over the last few years, except in the Western Cape where the incidence rate has increased — especially among the coloured population.

"Uncontrolled urbanisation and an influx of people from other parts of the country have probably played a major role in this phenomenon.

"The containment of this disease is intricate and involves many health, cultural and socio-economic issues."

Van Niekerk said an informed community, the State and the private sector should work together to control TB.

Major Cape TB epidemic

CHR. Times 4/12/86

By JEREMY BERNSTEIN

THE South Western Cape has been hit by a major tuberculosis epidemic, with the rate of reported cases being among the highest in the world.

According to the 1985 annual report of the Medical Officer of Health for the Cape Divisional Council, Dr L R Tibbit, there was a large increase in total notification of TB cases — and the disease remains the "single most prevelant infectious disease".

"The fact that these increases are occurring in the face of decreasing rates in the rest of the country only serves to increase our concern," Dr Tibbit said.

The total number of new cases reported in the Divco area during 1985 was 3 501, an increase of 648 or about 23 percent.

However, in the black population of the area the number of new cases had leapt by 28 percent to 1 609 and among coloureds by 18 percent, to 1 852.

Dr Tibbit blamed the "inadequacy of appropriate housing for major portions of our population" as the main cause for the upsurge in reported cases.

"The present recession has only served to fuel the flames that were kindled by overcrowding," he said.

He stressed however that the unrest situation had "partially disrupted" treatment and contact-tracing processes, but that his department was coping "reasonably well".

Dr Tibbit said the situation would not improve dramatically until socio-economic circumstances improved, and employment and overcrowded housing conditions stabilized.

More staff, a third mobile X-ray unit and more hospital beds would be made available, following a special request to the Minister of National Health and Population Development.

The report also said there were 7 881 illegitimate births, which constituted about 42 percent of all births in the Divco area in 1985.

The infant mortality rate had decreased in all population groups in the Divco area during 1985.

Eastern Cape threatened by TB epidemic

Eve Post 4/12/86

(91)

By DAWN BARKHUIZEN

A TB epidemic threatens the Eastern Cape in the wake of a massive outbreak in the South Western Cape.

Cape Town health authorities say cases there are being reported at an alarmingly high rate.

And because of unrest conditions in the Eastern Cape, a local outbreak could have a delayed effect through which the disease would become even more rampant.

Dr J D Krynauw, regional director of the Department of National Health and Population Development in Port Elizabeth, said today conditions "in the Eastern Cape were "similar, if not worse" than those in the South Western Cape.

In his annual report, the Medical Officer of Health for the Cape Divisional Council, Dr L R Tibbit, attributed the current epidemic to inadequate housing, worsened by the recession and the unrest which had "partially disrupted" treatment at clinics and contact tracing processes.

Dr Krynauw said conditions had already resulted in a measles epidemic which, at its peak, reached a mortality rate of 10% in Port Elizabeth. This percentage pertained only to notified cases.

While figures for the Eastern Cape from the past two years reveal that there has been a drop in incidents of TB, he said it was possible that there was a delayed reaction and an outbreak was imminent.

This was because of the unemployment-unrest situation.

For the period July, 1984, to July, 1985, a total of 2 760 cases of TB were reported in PE. For the same period the following year the number of cases dropped to 2 713.

Numbers dropped from 5 898 for January to November, 1985, to 4 951 for the following year.

The drop was as a result of improved health facilities.

TB cases: 40 percent increase, says MOH

DMcGuns 5/12/86

91

BY LINDA GALLOWAY
Medical Reporter

TUBERCULOSIS cases in the Cape Divisional Council area increased by almost 40 percent in the first nine months of this year, the medical officer of health, Dr Len Tibbit, said.

He disclosed the figures at a Press conference after the release of his 1985 annual report yesterday which reflected the position in 1984/85.

TB was the most prevalent infectious disease in South Africa but was worst in the Western Cape where the number of cases notified annually had doubled since 1975.

Urgent representations had been made to the Government for more TB beds and nurses for the area, which now served 988 000 people, he said.

EARLY DETECTION

The early detection and treatment of TB remained a priority to reduce the "infectious pool" and the spread of the disease.

All household contacts of patients were investigated as well as people showing suspicious symptoms. "Unfortunately, in the black residential areas, unrest has severely curtailed our efforts," he said.

TB clinic attendances in the black population had increased by only 5,7 percent in spite of the increase in notifications.

"It is quite certain that the situation will not improve dramatically until socio-economic circumstances improve and employment and overcrowded housing conditions are stabilised," he said.

Another problem in the divisional council area was the "'unacceptably high" teenage pregnancy rate.

Almost 14 percent of all births in 1985 were to mothers under 20 of which 75,4 percent were illegitimate.

More than 42 percent of all births in 1985 were illegitimate.

The sociology departments of the University of Cape Town and the University of the Western Cape were researching solutions to the problem.

The health service had expanded its operations at Khayelitsha.

Dr Tibbit said provincial authorities were building a community health care centre in Crossroads and another was planned for Khayelitsha.

TB not rife in E Cape

91

CITY PRESS 14/12/86

CP Correspondent

THOUGH unrest and unemployment in the Eastern Cape were hindering the treatment of TB, it would be exaggerated to claim an epidemic was imminent, says Dr J D Krynouw, regional director of the Department of National Health and Population Development in Port Elizabeth.

Krynouw responded to reports that the Eastern Cape was threatened by a TB epidemic following a massive outbreak of TB in the South Western Cape.

In PE the number of cases had in fact dropped from 2 760 in July 1985 to 2 713 in June 1986, while in the period from January 1985 to November 1986 the whole region showed a decrease from 5 898 to 4 851 cases, he said.

This drop was attributed to better health services and diagnoses and better treatment.

But Krynouw said continuity of treatment was essential in treating TB successfully and unrest had disturbed treatment programs.

It would not be surprising if there was a rise in TB figures in the Eastern Cape as a result, Krynouw said.

Unrest affected TB treatment as people were not always able to attend clinics and health workers were often prevented from performing their duties.

Though health workers still could not enter certain areas because they were unsafe, there seemed to be an improvement in PE townships, Krynouw said.

The other factor leading to an increase in TB was unemployment, which caused a drop in nutritional standards.

Reports that the Eastern Cape faced a TB epidemic followed a statement from Cape Town health authorities that new cases of TB were being reported at an alarming rate in the South Western Cape.

HEALTH + DISEASE

TUBERCULOSIS

1987 - 1988

CITY/NATIONAL

Crisis fund to fight 'rife' TB

Argus 12/11/87 (9)

Staff Reporter

TUBERCULOSIS, a disease brought to Africa by the white man, is hitting black people the hardest.

Through centuries of exposure to the disease the colonists acquired a resistance to TB which the indigenous people lacked. Today the disease is rife in black communities, medical authorities say.

TB is spread rapidly in urban areas where there is overcrowding, malnutrition and poverty. It is spread mainly through sputum coughed up by infected victims.

The number of notified cases in the Western Cape has increased from 2 691 to 4 028 in the past year. Of these, 2 245 are coloured, 1 744 black and only 39 white.

Those at risk

In association with the Divisional Council of the Cape and the SA National Tuberculosis Association (Santa), The Argus has launched the Tuberculosis Crisis Fund which is accepting contributions of cash and food to help victims and those at risk of catching the disease.

The Divsisional Council's medical officer of health, Dr Len Tibbit, said the aim of the fund was to reduce the stressful conditions conducive to TB. Contributions will be used to fight hunger and malnutrition.

In times of mental and physical stress brought on by hunger, unemployment and overcrowding the body could not fight and the disease was quickly passed on in overcrowded townships.

Symptoms of TB include:

- A persistent cough lasting about three weeks;
- Heavy night sweating;
- Appetite/weight loss; and
- General lethargy and a flu-like feeling of illness.

Anyone who suspects they have TB should visit one of the council's many Health Department clinics. Treatment is free.

- Contributions to the fund should be sent to the Secretary, Cape Province Tuberculosis Council (Santa Cape Town), Mezzanine Floor, Monte Carlo Buildings, Foreshore, Cape Town 8001.

Cheques may be made out to Santa Cape Town.

Gifts of food may be delivered to any of the council collection points listed on the back page of the Argus Classads.

Treatment of TB at work works best

CITY

Staff Reporter

TUBERCULOSIS patients fare best when treated in their work environment and should not be laid off because of the disease, say Divisional Council health department authorities fighting the TB plague in the Peninsula.

"TB is brought on by stressful conditions, and being laid off work when poverty and malnutrition are already rife only worsen the patient's condition," said a department spokesman.

"Treatment under supervision in the work environment usually leads to complete cure."

This happened with Mr Richmond Mtyantela, 25, of Nyanga who works as a labourer at a joinery in Brackenfell.

Had bad cough

Mr Mtyantela had never missed a day's work — so when he was suddenly missing for a week, his employer, Mr Peter Wasmuth, became worried.

Mr Mtyantela had been to the Brackenfell Divisional Council tuberculosis clinic because he had a sore chest and bad cough.

He brought a letter to work saying he had TB and a nurse from the clinic visited Mr Wasmuth.

Mr Wasmuth's daughter, Mrs Perry-Anne Davies, who also worked for the firm, was appointed as Mr Mtyantela's supervisor.

She made sure he took his medicine every day without fail.

Loss of weight

Mrs Davies said her family knew very little about TB before Mr Mtyantela became ill, but now they knew what symptoms to look for — a continual dry cough and loss of weight.

"Now if we see our workers coughing we take them in to be checked," she said.

"They're members of our staff and do a job for us, so it is our duty and in our interest to keep an eye on them.

"The clinic told us everyone can carry TB, but only a few actually develop the disease," said Mrs Davies.

"Richmond used to be painfully thin — but you should see him now. He has filled out and looks so healthy."

For further information about TB, visit the nearest Divisional Council TB clinic or ☎ 25-4692.

Contributions to the Tuberculosis Crisis Fund — supported by The Argus — should be sent to The Secretary, Cape Province TB Council (Santa Cape Town), Mezzanine Floor, Monte Carlo Buildings, Foreshore, Cape Town 8000.

Cheques should be made out to Santa, Cape Town.



Picture: PETER STANFORD, The Argus

TEAMWORK CURES TB: Mrs Perry-Anne Davies of Brackenfell shows the tablets which cured Mr Richmond Mtyantela, 25, of TB without his having to leave his job.

Tuberculosis: a disease that goes unnoticed

(91) Star 24/2/87

Most disabilities are self-evident and proclaimed by wheelchairs, crutches, sticks and the white cane of the blind, but there is a serious disability which goes unseen — the destruction of the lungs by tuberculosis (TB).

Yet TB is one of the most ubiquitous diseases in South Africa and known to affect 60 000 people every year. Experts believe the total is at least twice as high because of failure to report cases.

When the tuberculosis bacillus starts its ravages of the lungs it causes cavities to form, leaving permanent damage. Many patients arrive at clinics in advanced stages of the illness and whole lungs, or portions of both lungs, are irreparably destroyed.

When medical professionals talk of curing TB with drugs, they mean the bacillus has been killed and the patient is no longer infectious. But internally they are irrevocably disabled.

Survivors cannot take part in any activity requiring the slightest exertion.

The above is a summary of an article by Dr T F B Collins of the South African Tuberculosis Association and published in the latest issue of *SANTA*. He pleads with people to spare a thought for the TB sufferer condemned condemned to a life of impaired physical ability. If you can help, please telephone (011) 29-9636.

(91) ARGUS 28/4/87.

Happy children are beating TB



Pictures: Willie de Klerk, The Argus.

HAPPINESS IS: Woollies and dollies add up to cheerful faces, even when threatened by sickness, hunger and overcrowding.



OVERLOADED: One more for the rocking horse — playing in the open is part of the treatment for children at risk.

Staff Reporter

SANTA, the organisation that fights tuberculosis, is battling against overcrowding, unemployment and malnutrition, but one of its weapons, a creche for children at risk in Elsies River, is winning.

Small, cheerful faces above shiny yellow plastic pinafores fill the stoep and playground, grin from the slide and swings and crowd around visitors.

The creche cares for 74 children — babies and toddlers from three months to six years.

Some are on medication for active TB; others come from families with infected members.

A combination of good food and fresh air, mental and physical exercise and sometimes the only good meal of the day, helps prevention — and cure.

"But we need to enlarge the baby room," said supervisor Mrs Maureen de Klerk.

"We have 21 babies and we need to take more."

The creche has friends. Businessmen respond to appeals for help in kind, Rotoract groups from Bishops and St Columba's schools and the staff of Woolworths in Goodwood have adopted the creche, raising money and providing some of its requirements.

The greatest needs now are a washing machine, blankets and warm clothes for the winter.

Three disastrous break-ins last year resulted in expensive losses and the cost of burglar-proofing.

Next week is Santa Week when the Cape Province TB Council tries to inform the public about its work in child care, education, supplying grants and food parcels.

In South Africa this past year 8 people died of Aids. The country was in an uproar. (91)

W1 Mail 30/4/87 - 7/5/87

3500 die of TB every year. Few bat an eyelid.

TB has reached epidemic proportions in South Africa. Yet in America it's almost nonexistent. It's been practically eradicated in England and most parts of the Continent.

The disease that once terrified Europe, has been conquered by medicines and vaccinations. So why is it that South Africa is so stricken?

The sad truth is that it's a disease that attacks the poor. It grows in overcrowded, dimly lit hovels.

It grows even faster when entire families are living on one bag of mealie meal.

The results are devastating.

This year 300 little children contracted a particularly violent form of TB which left many of them blind, deaf, paralysed or even seriously mentally retarded.

A further 62 000 people contracted TB this year. Even more frightening perhaps a further 60 000 have TB and don't yet know it.

It's a huge problem in our country. Much too big for one person to tackle alone. Much too big for one financial contribution to do much good.

Only if we all, right now, today, take the first step, will we ever stop another person from dying of TB.

Please. Even if it means going without a movie, or a meal out, or a beer. It's a lot easier than a child doing without a father. Or a mother doing without her child.

Don't wait until you have finished reading this magazine. Find an envelope, a pen, cheque book or money for a postal order, and send it to SANTA P O Box 10501, Johannesburg, 2000.

We'll send you a booklet telling you about TB and what you can do about it. And the assurance that your contribution saved someone's child, parent or grandparent.

Name .....

Address .....

.....

Amount donated .....

SOUTH AFRICAN NATIONAL TUBERCULOSIS ASSOCIATION

SANTA

FR. NO: 01 100208 0000

SEND THIS COUPON TO SANTA P O BOX 10501, JHB, 2000.

Fight TB. Give.

OGILVY & MATHER, RIGHTFORD SEARLE-TRIPP & MAKIN J20001 1/4

Preventive work hampered by unreliable statistics

TB treatable, yet 140 000 have died

(91)
SMA
4/5/87

By Janine Simon

Forty years ago last week Government health authorities asked volunteers to form the South African National Tuberculosis Association (Santa), expecting they would come to grips with the disease within 10 years.

Since then, Dr T F B Collins, Santa's Director Community TB Education estimates, four million South Africans have contracted TB and 140 000 have died from it, yet the disease has been preventable and treatable for most of the period.

Preliminary figures for new cases identified in 1986 stand at 54 000 — excluding Transkei — and this is probably about half the actual figure, he said.

While figures of this magnitude are rooted in environmental factors such as malnutrition, overcrowding, stress and defaulting on treatment — they have made the 40th anniversary of South Africa's largest voluntary anti-tuberculosis organisation a time of soul-searching and re-assessment.



Two-month-old Sibusiso Gumbi is being treated at the East Rand Hospitilisation Centre for TB and malnutrition.

Pictures by Karen Sandison

On every level Santa's answer is prevention.

PRO Miss Julia van Heerden said: "We sought community participation on our terms but what we perceive to be solutions don't always work.

"We need to identify needs with the community, to assist with basic things and not always directly with TB. We've got to listen and involve people with regard to their lifestyles."

Re-assessment was particularly nessessary in youth programmes and health education workers.

Santa is the only organisation in the country training TB health workers — of which there are now 90. The organisation hopes the programme will develop into a new discipline.

Santa has begun to loosen its community service structures in the hope that this will allow filtering of information and needs and a shift in approach from regional to local.

Unreliable statistics are a problem in preventive work. By law the Department of National Health and Population Development must be notified of each case but these notifications represent only about half the number of cases, making it difficult to assess TB epidemiology.

Research showed that in 1982 only 33 percent of deaths of whites from TB were notified and it is assumed notifications for blacks are even lower — figures quoted by Dr Collins in a recent article.

An ongoing project by the TB Research Institute of the SA Medical Research Council has indicated that, except for the Cape coast, the prevalence of TB in adults and the risk of infection in children was generally decreasing.

However rates among Coloureds from the western Cape were particularly high and there are indications of an increase in treatment failures, drug-resistant relapses and chronic cases unknown to health authorities.

The need for support to meet the demand in high prevalence areas and the continued, albeit decreasing, incidence in others point towards the need for a huge fund-raising campaign.

Santa's 22 hospital centres — which can provide 5 200 with treatment, nursing and therapy and which, in 1985/86, cured 94,5 percent — have been used 30 years longer than originally anticipated and urgently need renovation.

You can help, Santa tells public

Santa Week begins tomorrow and the organisation has called for greater public participation in all its programmes.

Ways in which the public can play a role include:

- Serving on committees organising voluntary work.
- Giving Santa the benefit of their knowledge or expertise.
- Becoming involved in a specific project.

In addition the public can become aware of the signs and symptoms of TB — continuous cough, weight and appetite loss, coughing up blood, night sweats — and act by referring the suspect to the nearest clinic.

TB is caused by a germ — or tubercle bacillus — which usually attacks the lungs but can also attack the spine, brain, kidney and glands.

For treatment it is essential that a patient takes tablets regularly, and encouraging a sufferer to do so can be an important role for the public to play, said a recent statement from Santa.

Santa has also appealed to the public to give TB sufferes moral support and understanding as the disease often produces severe depression.

Contact Julia van Heerden at (011)29-9636 for further information.

2 000 died of TB in SA last year

Political Correspondents

ALMOST 2 000 of the more than 50 000 reported cases of TB died last year.

Blacks (more than 37 000) and coloured people (more than 12 000) were worst hit by the disease, the Minister of National Health, Dr Willie van Niekerk, said in reply to a question from Mr Marius Barnard (PFP Parktown).

More than 35 000 TB sufferers were hospitalized last year in non-homeland areas. Most deaths occurred in the Cape (1 288), followed by the Transvaal (477), the Free State (96) and Natal (83).

Dr Van Niekerk also disclosed that 29 of the 2 626 reported cases of typhoid in 1986 died. A total of 2 501 blacks, 51 whites, 47 coloured people and 27 Asians contracted the disease.

There were 129 cases of leprosy among blacks last year.

There were 275 cases of cholera among blacks, three among coloured people, one among Asians and one among whites.

A total of 6 640 cases of malaria occurred among blacks, 188 among whites, eight among Asians and three among coloured people.

Nine people of all races died of rabies.

Population group	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
OFS												
Whites	0	0	0	0	0	0	0	0	0	1	1	1
Coloureds	1	0	0	0	0	0	0	0	0	0	0	4
Asians	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	14	4	10	0	8	1	0	2	1	1	2	4
Transvaal												
Whites	1	1	6	2	3	1	0	5	2	0	1	0
Coloureds	0	1	0	0	5	0	0	3	1	2	1	0
Asians	0	1	0	0	2	0	0	0	0	0	0	0
Blacks	137	155	137	167	158	153	166	156	150	142	129	160

(b) Deaths from typhoid per month per population group in each province in 1986.

Population Group	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Cape Province												
Whites	0	0	0	0	0	0	0	0	0	0	0	0
Coloureds	0	1	0	0	1	0	0	0	0	0	0	0
Asians	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	0	0	0	2	0	0	0	0	0	1	0	0
Natal												
Whites	0	0	0	0	0	0	0	0	0	0	0	0
Coloureds	0	0	0	0	0	0	0	0	0	0	0	0
Asians	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	2	1	1	0	0	1	0	0	0	0	0	0
OFS												
Whites	0	0	0	0	0	0	0	0	0	0	0	0
Coloureds	0	0	0	0	0	0	0	0	0	0	0	0
Asians	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	0	0	0	0	0	0	0	0	0	0	0	0
Transvaal												
Whites	1	0	0	0	0	0	0	0	0	0	0	0
Coloureds	0	0	0	0	0	0	0	0	0	0	0	0
Asians	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	3	5	0	0	0	0	1	1	2	4	0	2

Tuberculosis

22. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) How many cases of tuberculosis were reported in 1986 in each (a) province and (b) national state whose government had not taken over health services;

(2) how many cases of tuberculosis were hospitalised in each (a) province and (b) such national state in 1986;

(3) how many tuberculosis patients died in each (a) province and (b) such national state in 1986?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) Cape Province ..... 22 348 cases
Natal ..... 4 455 cases
OFS ..... 3 717 cases
Transvaal ..... 16 270 cases

(b) The governments of all national states have taken over health services

(2) (a) Cape Province ..... 8 942 cases
Natal ..... 5 316 cases
OFS ..... 2 680 cases
Transvaal ..... 18 115 cases

(b) The governments of all national states have taken over health services.

(3) (a) Cape Province ..... 1 288 deaths
Natal ..... 83 deaths
OFS ..... 96 deaths
Transvaal ..... 477 deaths

(b) The governments of all national states have taken over health services.

HoA

Nurses

23. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) How many (a) applications to train as nurses were (i) received and (ii) accepted from, and (b) vacancies existed at institutions for the training of nurses for, (aa) Whites, (bb) Coloureds, (cc) Indians and (dd) Blacks in 1985;

(2) how many nurses of each of these race groups completed their training in that year?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Position as on 31 December 1985.

		(i) Received	(ii) Accepted
(1) (a)	(aa) Whites	4 141	3 461
	(bb) Coloureds	2 024*	856
	(cc) Indians		217
	(dd) Blacks	32 450	4 284
(b)	(aa) Whites	4 174	—
	(bb) Coloureds	3 352*	—
	(cc) Indians		—
	(dd) Blacks	—	—
(2)	(aa) Whites	1 768	—
	(bb) Coloureds	648	—
	(cc) Indians	199	—
	(dd) Blacks	3 049	—

*Information cannot be supplied separately for each population group.

Poliomyelitis

24. Dr M S BARNARD asked the Minister of National Health and Population Development:

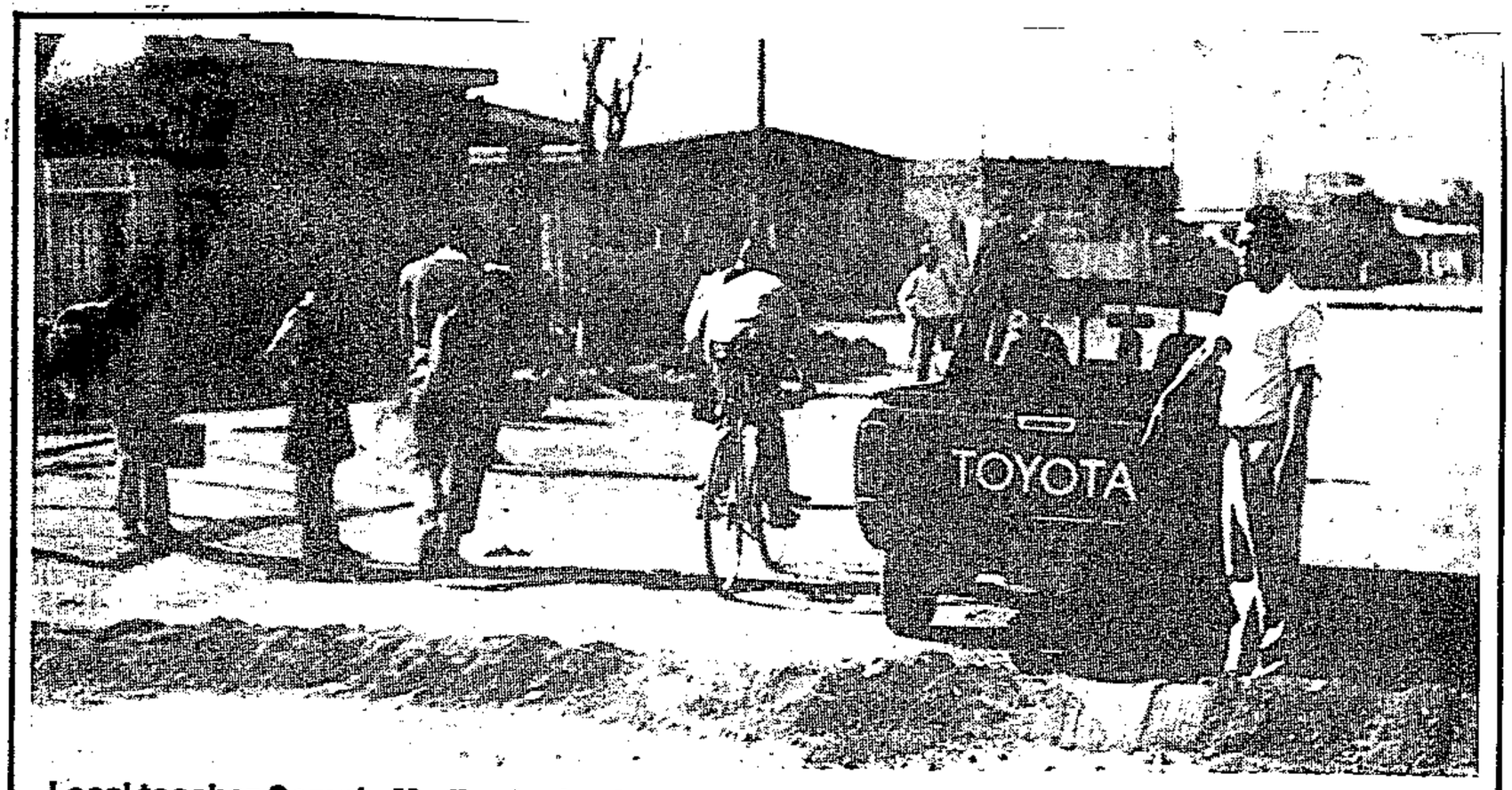
(1) How many (a) cases of and (b) deaths from poliomyelitis were reported in respect of each race group in each province for each month from December 1985 to the latest specified month for which figures are available;

(2) how many persons of each race group were immunised against poliomyelitis in each province in 1985?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) Cases of Poliomyelitis 1985/86

HoA



Local teacher Oompie Modise had to buy new shock absorbers for his bakkie after going over a ramp constructed by residents to slow down motorists.

While Potch celebrates, blacks choke

By DAN DHLAMINI

WHILE Potchefstroom is gearing itself up for its 150th anniversary next year – scrubbing newly constructed tarred streets and renovating the whole area – it's black township, Ikageng, is choking under a cloud of dust.

Ikageng residents have, on many occasions, complained about the dust because of the layer of soil which has been spread on the streets.

The soil was placed on the roads by the Ikageng Town Council, which has recently increased service charges.

Residents said that they could not open their windows or hang their washing in the sun because of the dust.

Although South African National Tuberculosis Association officials said that the dust in Ikageng could not cause TB outright, they agreed that the dust could cause it in the long term because, if a TB sufferer spit in the shade, the germs did not die instantly and could be carried off by the wind and infect other people.

Santa's health advisor, M Ngxola, and TB test conductor, H Buttler, were this week busy checking TB cases in Ikageng.

Potchefstroom's health inspector, J van Rooyen, said there were about 360 TB cases in Ikageng and 100 serious cases were undergoing treatment at the local clinic.

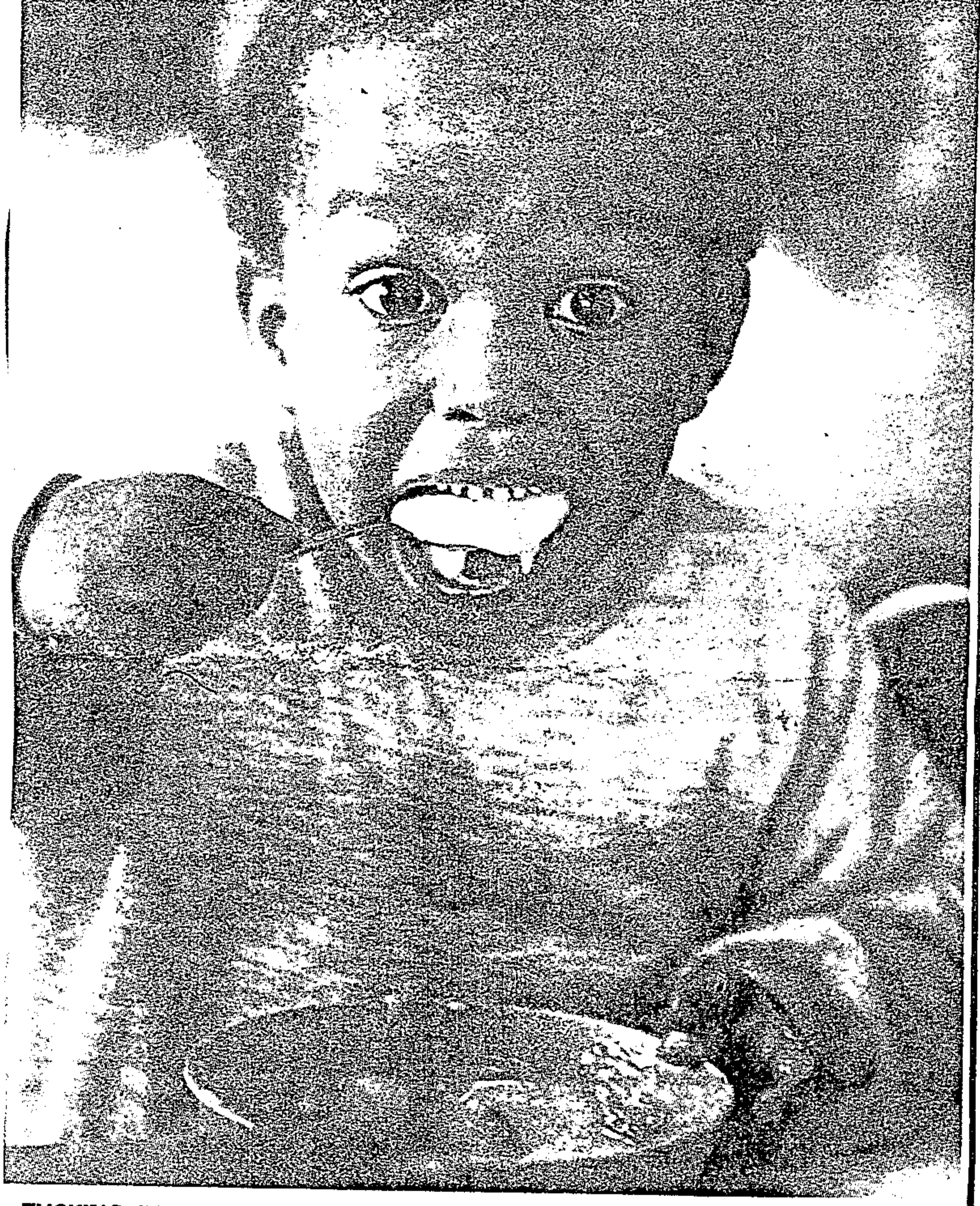
He said the local death rate fluctuated from 12 to 16 a year. He urged residents who suspected their health to come forward for tests, and that all those who have been given treatment must complete the whole cause.

Ikageng town engineer Zigfriecht Pietersen said it would cost Ikageng R4,5-million to tar all the streets.

He said the council had taken out a loan to this effect and that it was possible that the work would start within two months.

Residents have built humps in the streets to force motorists to reduce speed in a bid to avoid stirring the dust.

Meanwhile, residents have posed many unanswered questions, such as: Is the 150th anniversary only for whites? Are we not living in Potchefstroom too? Why is our area not improved, like the whites suburbs?



TUCKING IN . . . This little boy is one of the 75 children who have been treated for tuberculosis at the Santa Sunshine creche in Elsie's River. Cooked meals are provided twice a day and there is pudding at lunchtime, too, because nutrition is important in the battle against TB. Picture: RICHARD BELL

CAPE TIMES 25/9/87 9

9 000 new TB cases a year in the Peninsula

By PETER DENNEHY
Municipal Reporter

ALMOST 9 000 new cases of tuberculosis are reported in the Peninsula area annually, according to the Regional Services Council's acting Medical Officer of Health, Dr S A Fisher.

"Cape Town's TB rate is among the highest in the country, and probably also in the world," Dr Fisher said yesterday in an interview.

Last year 84 people died of TB in the former Divisional Council areas, he added, while 152 died of the disease in the Cape Town municipality.

"We (in the area now under the Regional Services Council) were notified of 4 762 new cases last year, and the city council figure is just under 4 000," he said.

It was also worse in his area now than it had ever been before. The incidence of TB had been increasing for the past five years or more, he said.

"I put it down to overcrowded housing. The housing backlog has been mounting steadily, and urbanization is increasing."

One of the preventive measures undertaken by the RSC from last year has been to set up soup kitchens at 15 TB clinics in his area "and patients have to report there every day for their pills".

● Little Willem, 5, is a TB veteran — Page 9

The POST says:

TB: action needed in PE

FIGURES for the incidence of tuberculosis in Port Elizabeth give cause for deep concern.

The city's medical health officer, Dr E F du Plessis, says it is the biggest killer in PE's townships.

So far this year pulmonary tuberculosis has claimed 175 lives, bone tuberculosis 11 lives and tuberculosis meningitis nine.

There were 277 deaths from pulmonary tuberculosis among the 2 769 cases reported last year, and although there has been a significant drop to 1 606 cases so far this year, with 175 deaths, the situation is grave.

Inevitably, since it is a socio-economic disease, it is the black community who are affected, and of the 175 people who died from the disease this year, 139 were Africans and 36 coloureds.

Dr Du Plessis lists as the major social causes inadequate housing, poor living conditions, malnutrition and overcrowding — matters he has frequently taken up with the authorities.

While TB is a serious national problem — according to the SA National Tuberculosis Association 15 people die from it every day in SA and 65 000 new cases are reported annually — it must be tackled at local as well as national level.

Every local community has a responsibility to attend to the problems on its doorstep. And, while matters such as inadequate housing and overcrowding are, in the first place, the responsibility of local authorities — assisted wherever possible by State funding — the private sector, too, has a duty to assist the people it employs.

The long-standing scenes of squalor in PE townships depicted on *Network* last night — which incorrectly placed the blame fully on action by radicals in impeding the work of the authorities — are an indictment of the city and call for an immediate plan of action by the local authorities.

TB most fatal infectious disease in PE townships

Post Reporter

TUBERCULOSIS remains the most fatal infectious disease in Port Elizabeth's townships, although figures until the end of August indicate a drop in the number of deaths and incidents reported to municipal health authorities this year.

Pulmonary tuberculosis has claimed 175 lives so far this year, the black and coloured communities being the hardest hit. This was the same for bone tuberculosis, which has claimed 11 lives, and tuberculosis meningitis, which has killed nine people.

While there were 2 769 cases of pulmonary tuberculosis reported to the authorities last year, claiming 277 lives, there has been a significant drop this year with 1 606 cases reported.

Of the 175 people who have died from this disease in the city this year, 139 were from the black community and 36 from the coloured community.

The city's Medical Officer of Health, Dr E F du Plessis, said tuberculosis was the biggest killer in Port Elizabeth's townships. It was viewed as a serious problem by the city Health Department and was an indicator of socio-economic conditions in the black and coloured communities.

He said inadequate housing, poor living conditions, malnutrition and overcrowding were the major social causes of the disease and he had frequently taken the matter up with the authorities.

A spokesman for the SA National Tuberculosis Association (Santa) said tuberculosis was a serious national health problem.

Santa estimated recently that 15 people die every day from the disease in South Africa and said 65 000 new cases were reported annually.

CAPE TIMES 25/9/87 91

Little Willem, 5, is a TB veteran

Municipal Reporter

WHEN Mrs Margaret Broomberg visits the Santa Sunshine Creche in Elsie's River, she keeps a special lookout for her favourite — little Willem, one of 75 children under six who are suffering from tuberculosis or are classified as being "at risk".

At the age of five, Willem is a two-year veteran of the creche — and a life-time veteran of hard times whose only childhood home consisted of a shelter made from sheets of black plastic.

When he came to the creche he was unable to walk or talk, his legs were as thin as matchsticks and as far as he was concerned, orange peels and dried-out mealie kernels were food just like any other.

Nowadays Willem has filled out. He has become a sturdy little boy — although the shadows of his deprivation seem to linger on his face.

Mrs Broomberg, secretary and treasurer of the Cape Province TB Council, told Willem's life-story yesterday to illustrate her point: Proper nutrition, especially for the very young, was vital in the struggle against the tuberculosis epidemic.

The food bill at the Santa Sunshine Creche would not be cut back, vowed Mrs Broomberg.

Willem has very little — but even so he is one of the luckier children at the creche, because at least he knows where his parents are. And they are still together.



GIVING THANKS... A five-year-old boy says grace at the Santa Sunshine Creche. Because someone at his home has TB, he is at risk too.
Picture: RICHARD BELL

Abandonment by one parent is an experience common to most of the children at the creche. Staffers tell a poignant story of how one little boy aged five stopped one of them from teaching his little sister the song: "Clap handies, clap handies, till Daddy comes, home ..."

"Don't make her sing that," the boy said. "He's not coming home, and he never brings us any sweeties."

A girl at the creche, also aged five, was involuntarily abandoned by her father when he was sent to prison. She was found with her destitute mother, crouched in a rainy church-yard, and taken into foster care.

That was years ago. Now her father visits regularly, with chips and sweets, but she has not forgotten their parting, and her face goes blank when she sees him.

Overcrowded housing plays a major contributory role in the spreading of tuberculosis. The creche supervisor, Mrs Maureen de Klerk, tells of how 29 people were living in one TB-ridden house, "and that was before the twins were born".

"I don't think the problem is bad parenting, its mainly circumstances," she said. The housing shortage was so bad that the parent of one child at the creche, a sub-tenant, paid R60 "rent" a month just for a place to sleep on the floor of a council house.

Mrs Broomberg says the TB statistics are getting worse, but she hopes her work and that of the other staff members will bear fruit in the next generation, at least.

"Our children do sometimes demand toothbrushes at home, and make their parents wash their hands before they eat," she says. "But they go back to the same old environment, and many will end up like their parents."

She believes education is particularly important in combating TB, and says it would bring down the default rate in treatment.

"People also don't like to admit they have TB," she says. "They say they have 'just a touch' of it. There is no such thing as just a touch of TB. Either you have it or you don't."

Action call on TB epidemic

Cape Times 24/9/87

By PETER DENNEHY
Municipal Reporter

COUNCILLORS of the Regional Services Council yesterday sent back a report by the Medical Officer of Health and called for joint action by all MoH's in the Peninsula region to tackle the "excessively high" incidence of tuberculosis.

Dr Reg Coogan, Cape Town's MoH, described the situation as "extremely bad" and said: "We are not even able to control the current epidemic because of insufficient treatment resources." His report was one of several which revealed a huge incidence of the disease in the Peninsula area.

The monthly RSC meeting referred back Dr Len Tibbit's annual health report after expressing serious concern at the high TB figures.

Councillor Mr E M Kramer said he believed it was insufficient "to just note" such excessively high figures.

"We should ask the MoH to see what he can do to reduce the incidence of TB," he said.

The common problem

"I would like to know what steps are being taken by our health personnel and what can be done to assist them."

Mr Louis Kreiner said a high incidence of TB was prevalent in the City Council areas too, and he suggested that MoH's should liaise with each other on the common problem.

Mr Piet Loubser, the RSC chairman, suggested that all the MoH's in the area should become involved, and the report they draw up should include factors mentioned by Mr S Ebrahim — such as low incomes and poor housing.

One of the worst-hit areas is Elsie's River, which has a population of 89 270.

In the year to June 1987, 55 716 attendances at TB clinics were recorded in that suburb.

A nurse at the Elsie's River South African National Tuberculosis Association (Santa) clinic explained that a single patient attends the clinic daily for medicines for a period of between three and six months. She added that there had never been as many TB cases there as there are at present.

The number of new notifications of TB in Elsie's River between July last year and June this year was 755, according to the report.

In Matroosfontein, which has a population of only 7 910, the number of attendances at the TB clinic in the year was 16 677. Yet new notifications of TB cases there numbered only 15.

Bishop Lavis, population 35 130, had 18 192 clinic attendances and 212 new TB cases. Similarly Atlan-

To page 3

Cape Times 24/9/87

From page 1

TB epidemic

tis, population 39 300, had 18 068 attendances and 218 new notifications of the disease.

In presenting the report, the deputy MoH, Dr S A Fisher, drew the attention of committee members to "the high tuberculosis incidence in all the management committee areas".

Dr Coogan said: "The Peninsula TB situation is extremely bad.

"TB is a socio-economic disease. We are not even able to control the current epidemic because we do not have sufficient treatment resources."

Dr Coogan reported in his 1986 report that 3 928 new cases were recorded in the city, bringing the total number of cases to double that of a decade previously.

One of the major factors contributing to the spread of TB was the shortage of treatment beds available, he said.

"We have one bed to 25 cases, instead of one to five as in the rest of the country. This leads to a 30% default rate on taking medicines, with a resultant high relapse rate and many cases of drug-resistant organisms."

The Minister of National Health and Population Development, Dr Willie van Niekerk, promised the city 600 new beds when patients in Stals Hospital at Westlake are moved to the new mental hospital at Lentegeur.

The transfer has not been completed, though the target date had been August this year, Dr Coogan said.

TB biggest killer in the townships

Own Correspondent

PORT ELIZABETH. — Tuberculosis is the most fatal infectious disease in the city's townships, according to the Medical Officer of Health here, Dr E F du Plessis.

It was viewed as a serious problem by the city health department and was an indicator of socio-economic conditions in the African and coloured communities, he said.

But figures till the end of August indicate a drop in the number of deaths and incidents reported to municipal health authorities last year.

Last week it was reported that 9 000 new cases of TB are reported annually in the Peninsula — and that Cape Town's TB rate is among the highest in the world.

Pulmonary tuberculosis has claimed 175 lives so far this year in the Port Elizabeth area, with the African and coloured communities being the hardest-hit. Of the 175, 139 were from the African community and 36 from the coloured community. Bone tuberculosis had claimed 11 lives and tubercular meningitis nine people.

While there were 2 769 cases of pulmonary tuberculosis reported to the authorities last year, claiming 277 lives, there had been a significant, if slight, drop, with 1 606 cases reported this year.

Inadequate housing, poor living conditions, malnutrition and overcrowding were the major social causes of the disease and he had frequently taken the matter up with the authorities, Dr Du Plessis said.

Tuberculosis was a serious national health problem, according to a spokesman for the SA National Tuberculosis Association (Santa). Santa estimated recently that 15 people died every day of the disease.

A report in the SA Medical Journal said that 7% of the population of the African and coloured communities over 15 years old died of the disease.

(91) 26/11/87 Sowetan

TB takes its toll as heart ops hog limelight

FOCUS

SAPA-REUTER

A FEW kilometres from the South African hospital which pioneered heart transplants, doctors are fighting to stop black babies dying from gastro-enteritis and adults from tuberculosis. "We have an epidemic of tuberculosis (TB) in the Western Cape," said Dr Margaret Hoffman, of the medical school at Groote Schuur. "Until we've conquered that we shouldn't even be thinking about heart transplants."

The name of Groote Schuur, the teaching hospital of the University of Cape Town, became synonymous with the ultimate in First World health care when surgeon Christiaan Barnard made medical history there in 1967 by performing the first human heart transplant.

But South Africa's townships and shanty towns, including Cape Town's, remain plagued by Third World diseases.

One black baby in 10 survives less than 12 months,' medical researchers estimate. The killer is usually gastro-enteritis or measles, assisted by dirty drinking water, lack of food and overcrowding.

Among adults, TB is spreading. Some 60 000 new cases are reported a year and doctors fear many more go unnotified.

Gastro-enteritis can be treated with a simple salt and sugar solution to help babies retain water. It costs a few cents to immunise a child against measles. TB takes longer to treat but the drugs cost just R150 a patient.

Masses

The heart transplants still carried out at Groote Schuur are paid for by private medical insurance schemes, to which most white South Africans subscribe, and from State funds spent on some of the world's finest hospitals.

The Government also funds free treatment of TB and other infectious diseases and subsidises some township clinics.

But Jack Klopper, Professor of community health at the Cape Town medical school, believes South Africa needs a national health service operating through a network of clinics offering basic advice and treatment, not high-technology surgery.

He knows his argument is hard to put over to the public. "Heart transplants are dramatic and attract money and attention," he said. "Tuberculosis is the disease of the masses. Treating it is not glamorous."

Like many doctors, Professor Klopper is critical of the fragmentation of health care under apartheid race segregation.

Apartheid

The 10 homelands set aside for blacks each have their own health ministry. So do South Africa's white, coloured and Indian people. The 14th, a Ministry of National Health, masterminds policy and black health care outside the homelands.

Mr George Watermeyer, the national health department's deputy director, said: "I think everyone would support the need for increased concern regarding primary health care . . . there needs to be far greater emphasis on this."

Apartheid

However, ... "the State's responsibility is to provide a total health care service to the total population of South Africa. Primary care, yes, but also secondary and tertiary hospitalisation."

Some 600 health workers in the National Medical and Dental Association take an explicit stand against apartheid, blaming it for the stark Third and First World divide.

Its chairman, Surgeon Diliza Mji, said: "The majority of South Africans suffer from diseases that are totally preventable." He urges better sanitation, housing and education, "basic human rights which are denied to the majority."

Mr Watermeyer said: "We absolutely agree that the (public health) infrastructure in South Africa, like that in other Third World countries, will have to improve. This is, in fact, occurring."

Under apartheid more than three million black people have been removed to the homelands where disease flourishes in resettlement camps and where researchers estimate up to 70 percent of children suffer stunted growth through malnutrition.

The official black infant mortality rate, 80 babies in evey 1000, compares well with black-ruled African countries, if not with the official figure fro whites, 13.

But researchers estimate that in the nominally independent homeland of Transkei, excluded from the official statistics, some 190 babies in every 1000 die within a year of birth.

Black patients who make the journey to the cities do get heavily subsidized treatment at prestige hospitals like Baragwanath.

Its surgeons have just launched a higly sophisticated operation to separate the Mathibela Siamese twins, Mpho and Mphonyana.

But 100 of its doctors wrote to the South African Medical Journal in September protesting that for all the technology in its operating theatres, Baragwanath Hospital could not give proper basic care to its flood of patients.

"The conditions in the medical wards are disgusting and despicable . . . many patients have no beds and sleep on the floor . . . the overcrowding is horrendous . . ablution facilities are far short of accepted health requirements," they wrote.



PROFESSOR Chris Barnard



Political comment in this issue by J Latakgomo and A Klaaste. Sub-editing, headlines and posters by S Matlhaku. All of 61 Commando Road, Industria West, Johannesburg.

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Lest we forget

THE *Sowetan* today remembers journalists around the country who are in detention:

• Zwelakhe Sisulu, Editor of the *New Nation*, who has been in detention under the emergency regulations for 328 days;

• Brian Sokutu, Eastern Cape freelance journalist, 509 days;

• Vincent Mfundisi, of SABC-TV, has been detained under Section 30 of the Internal Security Act for 54 days.

sons.

Cape Times 12/1/88 (9)



FOR A GOOD CAUSE . . . Mr Ettienne Visser (left), of Kotze and Genis market agents, and Mr John Brown, of the Red Cross, in the Epping market yesterday with part of a consignment of donated vegetables for TB clinics on the Cape Flats. Picture: RICHARD BELL

TB 'epidemic' in Cape Town

TUBERCULOSIS had reached "epidemic proportions" in Cape Town, Dr Len Tibbit, medical officer of health for the Western Cape Regional Services Council (RSC), said yesterday.

He said there had been a 7,8% increase in the incidence of the disease in RSC areas between 1986 and 1987.

"Factors like poor nutrition, overcrowding, stress and general poverty all combine to making people susceptible to the disease."

And Dr M E E Popkiss, the City Council's acting MOH, said municipal areas had experienced an estimated 2% increase in the incidence of the disease over the past year.

DD 14/1/88 (91)

Urgent tuberculosis appeal made

by LAURA DU PREEZ

EAST LONDON — An urgent appeal has been made to everyone involved in the treatment of tuberculosis patients.

The director of the Community Tuberculosis Education of Santa, Dr T. F. B. Collins, said it was vital that patients take every dose of medication.

The medical officer at the Fort Grey Santa Centre here, Dr L. B. Schneider, said that if treatment for pulmonary tuberculosis was irregular, it could be worse than no treatment at all, because germs become resistant and fail to respond to treatment.

"A resistant strain develops which, if passed on to another person, can cause an infection which won't respond to treatment."

The disease is infectious and is spread by tuberculosis bacilli in droplets produced by tuberculosis patients when coughing and sneezing.

These droplets go into the lungs of potential tuberculosis patients and the bacilli cause a breakdown of the lung tissue resulting in illness, Dr Schneider said.

The tubercle bacillus was in fact, an organism or germ which could become resistant to drugs used in the treatment of tuberculosis, he added.

"For this reason multiple therapy is necessary with three to five drugs being used to overcome the organism. That is why it is vital to ensure that treatment is supervised and regularly administered."

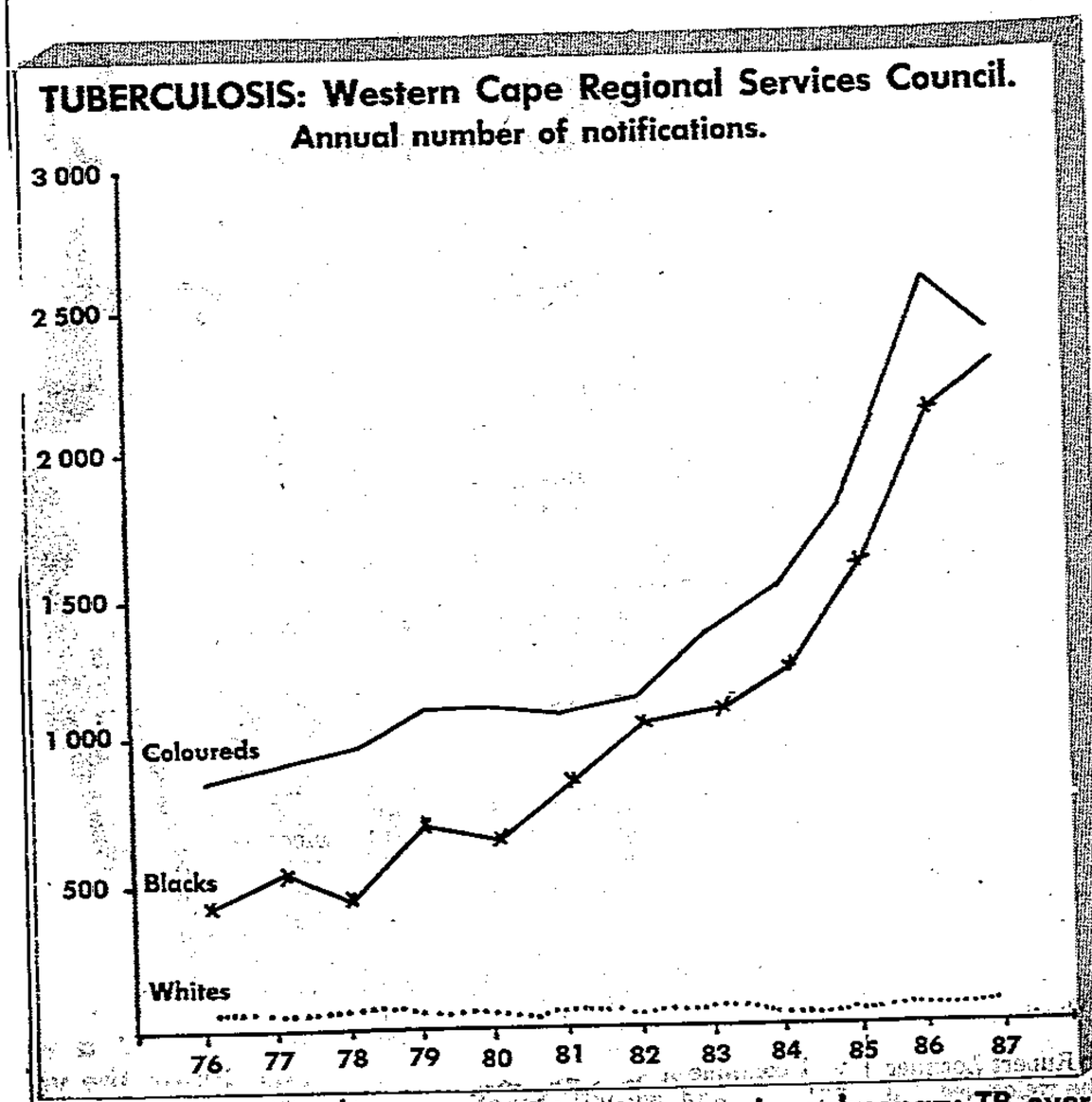
He said a fair percentage of patients were readmitted to the centre suffering from a second bout of tuberculosis because they had not followed prescribed treatments.

"The decision on whether a patient is admitted to the centre is influenced by whether or not they have somebody at home or at work to supervise their treatment," he said.

"The problem is that when people start feeling well, they think it is no longer necessary to take medication and so they stop taking it. But the organism revives and sets up another infection."

Argus 20/1/88 (9)

Western Cape has the worst TB problem in the country



The graph illustrates the terrifying increase in pulmonary TB over the last decade.

By KAREN STANDER
Medical Reporter

THE Western Cape has the worst incidence of tuberculosis in the country.

Dr Len Tibbit, medical officer of health of the Western Cape Regional Services Council, said although the number of notifications in the area controlled by the council had increased by only 1,07 percent last year, this was still an increase of 37,09 percent on the number of people who developed the disease in 1985.

He said: "I hope the fairly low increase means that the incidence has peaked but I'm still not satisfied.

"In the Western Cape the figures are still so high compared with the rest of the country. Our incidence is almost double the national rate of 200 cases in 100 000 people."

The 1987 figures show an increase from 35 in 1986 to 63 cases among whites, a decrease from 2 613 to 2 434 for coloured people, an increase from 2 108 to 2 307 for blacks and an increase from six to nine cases for Asiatics.

For each group this is a rate in 100 000 people of 771,03 for blacks, 618,85 for coloured people, 82,4 for Asiatics and 24,7 for whites.

Defaulted

In the Cape Town municipal area, preliminary figures show that 3 880 cases of pulmonary TB and 173 cases of other forms of the disease were detected last year — a 1,76 percent increase on 1986.

In 1986 there had been a four percent increase on the previous year, according to Dr M E E Popkiss, acting medical officer of health.

Dr Tibbit said one of the main problems was ignorance about TB and its early symptoms, particularly in the high-risk groups.

He said: "People lack the knowledge that they can be cured in six months if they stick conscientiously to their treatment."

About 30 percent of patients defaulted, building a resistance to the drugs.

He said a training school for health teachers was being planned in conjunction with the South African National Tuberculosis Association.

Working closely with communities, the teachers would establish care groups to participate in education and casefinding.

They would also ask employers not to sack TB patients and to have all new employees x-rayed.

He said there should be someone at places of work to see that patients received medication and to identify new cases.

Dr Tibbit said control of the disease was closely linked to socio-economic factors and long-term planning involved the provision of more jobs and housing.

He said the defence mechanisms of a well-nourished person could fight off the disease.

Hundreds still need help, but fund runs low

Medical Reporter

TUBERCULOSIS patients and their families are going hungry as the number of needy families getting food parcels and grants from The Argus/Santa Crisis Fund is cut and the fund is in danger of drying up.

The South African National Tuberculosis Association (Santa) fund was launched in association with The Argus a year ago to try to slow the increase in TB cases in the Western Cape.

About R25 000 was collected but only R14 000 is left in the fund — enough for about two months.

Dr Len Tibbit, medical officer of health of the Western Cape Regional Services Council, said about R5 000 was spent every month on food parcels, grants for TB patients and soup kitchens at the eight TB clinics.

Some patients were out of work for months, but only needy newly-diagnosed patients were helped until they were given State disability grants.

Mr Margaret Broomberg, secretary of the Cape Town branch of Santa, said between 400 and 600 TB patients were fed every day at the soup kitchens, as well as 90 preschoolers at a newly opened centre in Ocean View.

With the fund in danger of running dry, Santa had to be more strict in granting aid.

Only 16 families would get grants this month while 39 were helped last month and 400 were given Christmas food parcels, she said.

● Contributions may be sent to Santa, P O Box 2467, Cape Town, 8 000. Cheques should be made payable to Santa Cape Town.

TB control: better living conditions are needed

Medical Reporter

Improved living conditions and better nutrition would do more to control South Africa's tuberculosis epidemic than standard medical treatment, says a leading epidemiologist.

Dr Derek Yach, of the South African Medical Research Council, points out that infection, disease and death rates for tuberculosis have been influenced far more by improvements in social and economic factors than by approaches tailored specifically to TB.

Tuberculosis is by far the most frequently notified disease in South Africa, accounting for 61 percent of the 85 256 notifications in 1984. It is a major cause of death, resulting in 5 773 registered deaths in 1984. Of these, 79,1 percent occurred among blacks; 18,6 percent among coloureds; 1,5 percent among whites and 0,8 percent among Asians.

While recent figures are not available, there is grave concern about the rise in the TB incidence rate among coloureds, especially in the western Cape.

"Death rates for coloureds and blacks are markedly higher than for whites and Asians at all ages, TB accounting for about seven percent of all deaths between 15 and 64 years among coloureds and blacks.

"TB experts have stressed the need for improvement in living conditions as the most effective means of controlling the disease. The most important social factors determining infection are related to overcrowded living conditions and the intimacy of exposure.

"Reducing overcrowding and identifying people excreting positive sputum early in the course of their disease would go a long way to reducing the rate of infection," Dr Yach said.

Fund-raising drive for TB

The South African National Tuberculosis Association is holding a combined awareness/fund-raising campaign in Lenasia on March 13.

A float procession, which will include bands, and minstrels, will wind its way through the streets of Lenasia starting at the corner of Rose and Protea avenues and ending at the local football stadium.

The day's festivities will include a flea market and a pop concert.

South Africa has one of the highest incidences of tuberculosis in the world and an urgent education campaign is needed to assist in the prevention of the spread of the disease.

3 February 1988	Mr G Ramaya	(a) Falls away.
3 February 1988	Mr R G Naidoo	(b) Falls away.
		(c) Falls away.

As from 1 March 1987 to 29 February 1988.

(2) No.

HOUSE OF ASSEMBLY

†Indicates translated version.

For written reply:

General Affairs:

Charges against Michael Roussos: decision by Attorney-General

305. Mr S S VAN DER MERWE asked the Minister of Justice:

Whether, with reference to the reply of the Minister of Law and Order to Question No 510 on 7 October 1987, the Attorney-General has reached a decision regarding possible charges against Michael Roussos; if not, when is it anticipated that he will reach a decision; if so, (a) when and (b) what was that decision?

The MINISTER OF JUSTICE:

The docket referred to in the reply to Written Question No 510 of 7 October 1987 is a docket containing the results of a broader investigation without specific reference to Michael Roussos. It has already been decided to prosecute a number of people on the strength of the contents of this docket. Roussos is not one of these persons.

Cases of tuberculosis reported

415. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) How many cases of tuberculosis were reported in each province in 1987;

(2) how many cases of tuberculosis were hospitalized in each province in that year;

(3) how many tuberculosis patients died in each province in that year?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) *Notified cases of tuberculosis in each province in the RSA*, 1987. (As at 23 February 1988)

It should be noted that "cases" of tuberculosis refers to notified instances of contact, not patients or people. Repeat notification of individuals per annum is thus possible.

Province	Number of cases
Cape	20 374
Natal (including KwaZulu)	6 537
O.F.S. (including QwaQwa)	3 415
Transvaal (including Gazankulu, Ka-Ngwane, Kwa-Ndebele, Lebowa)	11 705

(2)

Cape	11 064
Transvaal	18 886
Natal	9 564
O.F.S.	1 348

(3) *Notified deaths from tuberculosis in each province in the RSA*, 1987. (As at 23 February 1988)

Province	Number of deaths
Cape	1 298
Natal (including KwaZulu)	62
O.F.S. (including Qwa Qwa)	74
Transvaal (including Gazankulu Ka-Ngwane, Kwa-Ndebele, Lebowa)	371

Persons killed in Alexandra Township: inquest

545. Mr D J DALLING asked the Minister of Justice:

Whether, with reference to the reply of the Minister of Law and Order to Question No 9 on 3 June 1986, the inquest into the death of persons killed in or in the vicinity of Alexandra Township during the period 15 to 19 February 1986 has been completed; if not, why not; if so, (a) when, (b) what was the cause of death in each case and (c) what were the findings?

The MINISTER OF JUSTICE:

Yes. The inquests in respect of 17 persons have been finalized. The records of proceedings are public documents and at the disposal of the hon member. In no case a finding was made that the death was brought about by an act or omission involving or amounting to an offence on the part of any person. The places and dates on which the inquests were finalized and the numbers allocated to the inquest records respectively, are as follows:

Santa launches drive to combat TB

12/4/88 SPW (21)

One person dies every two hours of tuberculosis in South Africa — a disease which has reached epidemic proportions in some parts of the country. In an attempt to combat TB, the South African National Tuberculosis Association (Santa) today launched a nationwide awareness campaign aimed at educating the public and enlisting their support. TONI YOUNGHUSBAND, The Star's Medical Reporter, looks at the issue.

Aids has become the major health concern in the world today, dangerously overshadowing other killer diseases, such as tuberculosis, which desperately need the urgent attention of health authorities and the general public.

"Shamefully, we have to admit that this disease is the scourge of South Africa today," the South African National Tuberculosis Association (Santa) has said.

According to Santa, malnutrition, overcrowded living conditions, political and emotional stress, unemployment, as well as the complexities in the treatment of TB and the lack of facilities in part explains why this scourge has developed.

"South Africa is possibly experiencing an unforeseen worsening of the tuberculosis epidemic. The new surge appears to have begun in the Western Cape, where the increase among coloureds was first reported, and is slowly but steadily spreading to other parts of the country.

"An increase of infectious cases in one population group must eventually affect other groups."

Statistics compiled in 1986 revealed that one in 372 people needed some form of medical attention annually for TB and as many as 55 000 new TB cases were being reported in South Africa each year.

One of the serious effects of inadequate or improperly supervised treatment was the increasing phenomenon of drug resistant organisms excreted by patients who became chronic infectious sources in the community and passed on this resistant strain to others.

Tuberculosis is an infectious disease caused by a germ (tubercle bacillus) which usually attacks the lungs but can also attack the spine, brain, kidney and glands.

Symptoms to look out for are continuous coughing, weight and appetite loss, coughing up blood and night sweating.

Patients who are cured of TB with modern drug therapy are invariably left with permanent damage of greater or lesser extent, depending on the stage at which they are diagnosed. If diagnosed late some may end up with considerable permanent lung damage and in extreme cases, heart failure.

Santa pointed out that tuberculosis was one of the Aids-related complications and the anticipated increase in Aids infections would inevitably contribute to the tuberculosis problem.

● Santa's two-week national awareness campaign, which has been dubbed "Santa Time", runs from April 16 to April 30.

New TB epidemic hits Cape

Capt Times 13/4/88

By CHARL DE VILLIERS

A TUBERCULOSIS epidemic has hit the Western Cape, with local health authorities warning that they are not coping with the disease.

At least one in every 124 people in the region now has TB, according to the SA National Tuberculosis Association (Santa).

And Dr Reg Coogan, Cape Town's Medical Officer of Health, yesterday warned that "prison and concentration camp-like" conditions on the Cape Flats were major causes of the spread of the disease.

Described as a "socio-economic disease with medical implications", Santa said TB daily killed between 10 and 20 people throughout the country.

In the Cape Flats — an "ideal breeding ground for TB" — up to 700 people in every 100 000 suffered from the disease, while one in every 124 people in the Western Cape were infected, said Santa.

According to statistics released by national health authorities last year, almost 2 000 out of the more than 50 000 people with TB died in 1986.

Poverty, overcrowding and malnutrition

Statistics showed that one person in every 372 South Africans had TB in 1986 — but Dr T Collins, Santa's TB education director, said the number of notifications were "a gross under-estimation" of the true picture.

Dr Len Tibbit, MoH for the Western Cape Regional Services Council, said South Africa was seeing a new epidemic which would affect everyone, including whites, though they were protected by higher living standards.

Dr Coogan said TB was a socio-economic disease, brought about by poverty, overcrowding and malnutrition, which "cannot be treated and eradicated with medical methods — it requires a political solution".

"Like prison and concentration camp conditions during World War II, conditions in the Cape Flats housing estates and townships have contributed to an increase in TB over the past three years," he said. "We are not curing or even coping with the disease and the government has withdrawn 1 000 TB hospital beds as part of its economic austerity campaign."

ent and pictures in the Cape Times

(11) SPAC 13/4/88

End to routine vaccination may hinder TB battle

By Toni Younghusband
Medical Reporter

The Government's decision to withdraw compulsory tuberculosis vaccination could mean a significant setback in the fight against the disease, officials of the South African National Tuberculosis Association (Santa) said yesterday.

Tuberculosis vaccination was made compulsory in 1973 but the provision was withdrawn in October last year with the provision for compulsory polio vaccination.

Dr W M Matsie, chairman of Santa's Soweto branch, said medical personnel at T B clinics were now reluctant to administer the vaccine as they were no longer protected by the Government.

The vaccine — B C G — has some side effects but these are minimal and affect few people, according to Dr Len Tibbit, chairman of the Cape Province T B Council.

Dr Tibbit said B C G unfortunately did not work in every case and seemed to be less effective among the malnourished, but the protection it gave — particularly against T B meningitis — was worth "taking a risk for".

Dr Daniel Groenewald of the Department of National Health and Population Development said the decision to withdraw compulsory vaccination was made because the department could "run into trouble" if immunisation was enforced.

He said people could contract an infection or have some other reaction from the vaccination and the policy was therefore not to enforce but rather to encourage it.

● At least 10 people, possibly 20, will die in South Africa today from tuberculosis, Santa said at a press conference yesterday.

An estimated 55 000 new T B cases were reported annually, a figure which was rising all the time.

Santa was launching a nationwide awareness campaign aimed at educating the public on the dangers of T B and showing how it could be prevented.

● Soweto's tuberculosis problem may have decreased in the past 10 years but there are still 100 new cases identified there every month, Dr W M Matsie, chairman of Santa's Soweto branch, said yesterday.

Today, 784 patients were receiving treatment at various clinics in Soweto, he said.

(91) B/day 13/4/88

TB is fast approaching epidemic level

TUBERCULOSIS is rising to epidemic proportions, especially in the Western Cape, the South African National Tuberculosis Association (Santa) has warned.

The disease kills a minimum of 10 people a day in SA even though it can be prevented and cured, Santa workers said.

At a Press conference in Johannesburg, Santa staff said in SA, ex-

DIANNA GAMES

luding national states, one in 372 people in 1986 required treatment for TB compared with around one in up to 10 000 in the UK.

Dr W Matsie of Santa's Soweto Branch said in 1976 there were about 2 700 TB patients being treated in Soweto while this presently stood at 784 patients.

The Department of National Health's Daniel Groenewald said government had increased its TB management budget from R73m in 1984/85 to R150m this year.

Dr T Collins, Santa's Community TB Education director said the number of notifications were a "gross underestimation" of the true picture.

Santa warns of TB threat

Sowetan 13/4/88

THERE was an upsurge of tuberculosis related cases in the Western Cape which threatened to engulf the whole country, a Press conference in Johannesburg was told yesterday.

The conference was organised by the South African National Tuberculosis Association (Santa).

The chairman of Santa's publicity committee, Mr Pax Moren, said a deadly disease such as TB was treated less importantly than Aids. He said TB had a daily mortality rate of between 10 and 20 people.

He said: "Shamefully, we have to admit that this disease is the scourge of South Africa today. Historically the disease was brought to this country by the Europeans in the latter half of the 19th ce[illegible]

Unemployment, malnutrition, overcrowded living conditions, political and emotional stress and poor housing were cited as some of the contributing factors towards the growth of TB.

Mr Moren summed up Santa's determination of stamping out the diesease when he said: "For far too long we have tried merely to contain the disease, but the time has now come for us to say so far and no further."

He called on the community to help Santa in stamping out the disease. He said public support could come in the form of advice as to where health centres should be constructed or even assistance with funding projects.

To create a further awareness by the public on the dangers of TB, Santa will hold a national information programme from April 16-30. Interested people should contact the media relations officer, Miss Julia van Heerden at (011) 29-9636.

CAPE TIMES 91

, April 14, 1988

Most TB deaths in Cape

By BARRY STREEK

MORE than two-thirds of the 1 805 people who died from TB and almost half of the 42 031 notified instances of TB contact last year were from the Cape, confirming fears of a new TB epidemic in the province, particularly in the Western Cape.

The Minister of National Health and Population Development, Dr Willie van Niekerk, said yesterday that 1 298 of the 1 805 of notified deaths from tuberculosis last year were in the Cape.

He also said 20 374 of the 42 031 notified instances of contact from tuberculosis reported in 1987 were from the Cape. This means that more than 70% of the TB-caused deaths were in the Cape, as were 48,5% of the notified instances of contact.

Dr Van Niekerk was replying to a question by Dr Marius Barnard (PFP Parktown).

In Natal, there were 6 537 notified instances and 62 deaths, in the Transvaal there were 11 705 notified instances and 371 deaths and in the Free State there were 3 415 notified instances and 74 deaths.

Dr Van Niekerk also said 11 064 of the 23 862 hospitalized cases were in the Cape, 18 886 in the Transvaal, 9 564 in Natal and 1 348 in the Free State.

TB becoming prevalent in young children

By Toni Younghusband, Medical Reporter

Tuberculosis is not, as is widely believed, confined to adults but is increasingly prevalent among young children, representatives of the South African National Tuberculosis Association (Santa) have confirmed.

As many as 100 children are being treated at Santa's East Rand TB Hospital — just one of the 22 hospitals the association runs for TB patients.

While there are far more adult TB sufferers in the country, the killer disease is no less serious in children.

Babies as young as three months are admitted to the children's ward.

If diagnosed early, the children will leave the hospital cured of the disease and relatively unscarred. There is always some lung damage, but if the disease is treated early, the damage will be minimal.

However, in severe cases where diagnosis is late, the children will inevitably suffer severe lung damage.

A more serious form of TB, called TB meningitis, can result in permanent brain damage if not diagnosed early.

There are two TB meningitis cases at the East Rand hospital at present.

Both are under three and both suffer from permanent brain damage.

According to Dr Theo Collins, the director of Santa's Community TB Education, the incidence of TB meningitis appears to be increasing.

Patients with TB 'victims of ignorance'

Medical Reporter

Many tuberculosis-infected employees were unnecessarily dismissed because of their employers' ignorance, Dr Theo Collins, community education chairman of the South African National Tuberculosis Association (Santa), told The Star.

Most people believed TB was infectious until cured and sufferers should be avoided at all costs, he said.

"Once treatment has started they are no longer infectious and, if they are not too ill to work, can continue working as normal and be treated as out-patients."

Dr Collins said employers, especially on farms, were known to dismiss their employees as soon as they discovered these workers had TB.

A TB patient was not infectious 48 hours after treatment had begun.

'Shocking' TB death rate in West Cape

ARGUS 22/4/88 91

By KAREN STANDER
Medical Reporter

MORE than 400 people died of tuberculosis in the Western Cape last year.

This "shocking" statistic was disclosed by Mr Chris April, Minister of Health and Welfare in the House of Representatives today.

In a speech prepared for delivery at the opening of a seminar on TB this afternoon, Mr April said it was "astonishing" that 700 in every 100 000 people had "this feared disease".

This meant one in every 142 people in the Western Cape had TB.

In 1985, 383 people died of the disease in the Western Cape, 386 died in 1986 and last year 460 died.

"The cost is too high. We cannot afford it. South Africa cannot afford it. We cannot allow it any longer," Mr April said.

"TB is the trademark of poverty. Poverty is thus the real enemy."

It was estimated that 10-million people in South Africa were infected at any time.

In the majority of cases the infection was defeated by the body's natural defence mechanisms without resulting in the disease. The infection continued but it became dormant.

Any situation of stress later in life caused reactivation of infection, leading to the further spread of infection.

Although the incidence of TB was decreasing nationally, in the coloured population it was increasing, Mr April noted.

In the Peninsula, overcrowding and inadequate housing were the greatest cause of the present epidemic.

Factors which rendered people defenceless and deprived them of the will to resist included poverty and unemployment, Mr April said.

In the conditions of unbelievable poverty under which the majority of deprived people in South Africa lived, social problems were rife.

These included a high infant mortality rate, illegitimacy, poor development in growing children because of malnutrition, a high school drop-out figure and an inability to be self-sufficient.

The fight against TB had to begin with the provision of adequate housing and with the individual, Mr April said.

"If you attach value to your life, if your self-esteem and your self-image are good and strong, your chances of contracting TB are minimal.

"This is the state of mind we need to instil in those who are potential sufferers."

Countries 'need to band together to fight TB'

Argus 9/5/88 91

Medical Reporter

TUBERCULOSIS cannot be controlled in Southern Africa without regional communication and co-operation, according to a visiting Malawian specialist.

Dr Daniel Nyangulu's four-week visit has been sponsored by Rotary clubs in the Western Cape and Malawi.

Interviewed at Groote Schuur Hospital, Dr Nyangulu, national co-ordinator of tuberculosis control in Malawi, said the purpose of his visit was to observe the management of patients with tuberculosis and other chest diseases.

Tuberculosis was one of the top 10 causes of death in Malawi.

MORTALITY RATE

However, community involvement in Malawi had resulted in a drop in the rate of patients who did not complete their treatment to about five percent. In South African about 30 percent did not complete their treatment.

In Malawi the mortality rate was about five percent and 86 percent of patients were declared cured after completing their treatment, he said.



Dr Daniel Nyangulu.

"In most developing countries tuberculosis is a problem. We are trying to control it but we can't do it alone. We need the co-operation of our neighbouring countries.

"People will continue crossing borders whether we like it or not. There should be regional co-operation between South Africa, Zambia, Zimbabwe, Malawi and the other countries in Southern Africa."

Dr Nyangulu, who trained in England and did post-graduate study, specialising in tuberculosis, in Japan and South Korea, is based at Kamuzu State hospital in Malawi.

He said he was particularly interested in the clinical methods and treatment regimes followed here.

Although the drugs used were not very different, the more expensive drugs were used more widely here for longer periods.

In spite of limited resources in Malawi, conditions made it easier to keep track of patients. The economy was based mainly on agriculture and there was little movement of the population.

Community health centres had been set up all over the country and staff kept records of patients. Because they were closely in touch with the community they knew if people moved and where they went.

This community network was ideal for tracing patients for follow-up treatment.

Dusty streets are TB threat, say residents

By DAN DHLAMINI

RESIDENTS of Ikageng near Potchefstroom, which is celebrating its 150th anniversary, are choking in dust while their neighbours feast on the town's plush streets.

Most of Ikageng's streets are topped with a powdery soil instead of tar.

Residents have on numerous occassions approached their respective councillors about this, but nothing has been done so far.

Maria Phuma, a homeowner, said: "We are exposed to the dust, which is a health hazard. Many people could become infected with the tuberculosis virus because they inhale a lot of dust.

"This should be blamed on the council for taking such a long time to rectify the fault, even after we lodged complaints. It is as though they are not affected – but they also stay in Ikageng under the same appalling conditions."

Motorist Zwelibanzi Makhunga was equally dissatisfied. "It's not yet August, the windy month, but already the dust that blows around here is terrible and we cannot keep our cars clean. One cannot mistake Ikageng cars because they are always dusty and other motorists in town think we are lazy or careless when they see us dressed to kill but in dirty cars."

A former mayor of Ikageng, Sam Nyokong, earlier told *City Press* the council had tried to reconstruct the bad streets – only to find the materials used were "bad".

It then decided to have the streets regularly sprinkled with water, but this did not help either.

Present mayor Richard Sepotokele said his council had received R1-million for water reticulation and for repairing all the streets in Ikageng.

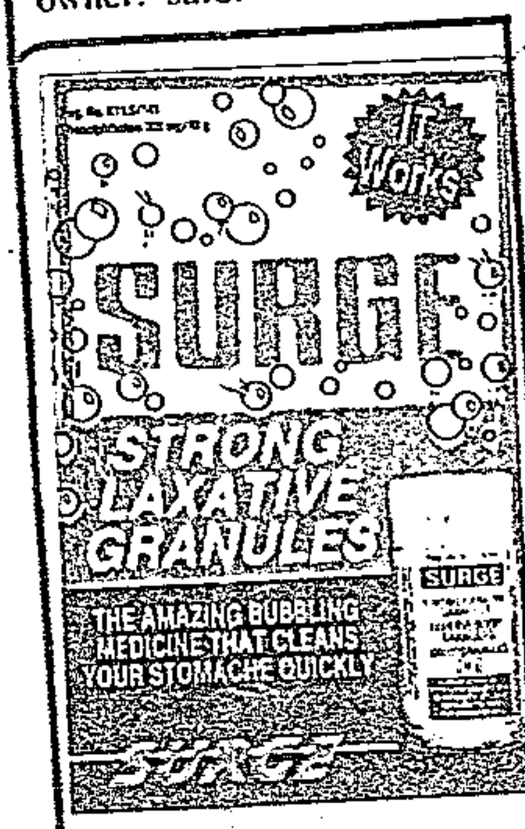
He could not say when work would start, but said it would be as soon as possible – "problably before the general elections".

Meanwhile, residents of Ward Seven claim they are paying for electricity they have not yet used.

Said Styles Lemekhaya: "We pay a lot more than the value of the electricity we have consumed, because our current is cut almost every day from 6 pm – when we need it most – until late at night, and again early in the morning."

He said it was unfair that they should be charged the same amount as when the current flowed daily.

The council's engineer, Siegfried Pieterse, confirmed there were periodic electricity cuts, but could not say what the causes were in this particular ward. He said he would take the matter up with his electrician.



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and noon only at 208-4722.

Cape Times 28/6/88

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New TB hospital for Westlake

By CHRIS BATEMAN

A NEW hospital in Westlake, able to accommodate 350 tuberculosis patients, will open in October.

The opening will bring to 670 the number of official "TB beds" available in the Peninsula.

One person in every 130 on the Cape Flats is likely to get TB this year and, according to two local medical officers of health, an estimated 1 000 beds are necessary to treat patients more effectively.

Dr Len Tibbit, MoH for the Regional Services Council, warned industry that the disease had become a major threat to workers. More management participation in social-responsibility programmes was necessary, he said.

Dr Hans Steyn, chief director of health services and welfare (House of Representatives), said the new Westlake hospital, formerly the A G Stahls Sanatorium, would accommodate 600 chronic patients and 350 TB beds.

The building became available recently when its occupants moved to the Lentegeur Psychiatric Hospital, Mitchells Plain.

Dr Stewart Fisher, deputy MoH for the RSC, said that only Brooklyn Chest Hospital, with 320 beds, now provided for TB confinement, while the next-closest TB hospital was the Sonnestraal Hospital, in Paarl (94 beds).

His council had only 15 health educators, while the South African National Tuberculosis Association, Santa, had five.

Santa recently converted an Athlone creche for child TB sufferers to an education centre after it became clear that Athlone children were virtually TB-free, Dr Tibbit added. Twelve more field workers would be trained there, with a target of 30 to 40 available to rural areas. R100 000 was needed, and Rotary and a large oil company had begun helping raise this.

Chamber of Commerce manpower manager Mr Tommy Brand said his chamber would be calling on Dr Tibbit for more information "within the next week" before deciding on "any appropriate action".

Regular TB screenings and programmes took place, he said.

Mr Colin Boyes, senior secretary to the Chamber of Industry, said he was aware of the problem, "but if it is becoming increasingly acute, we'd be happy to discuss this with council and then go to our members", he said.

● The Western Cape has the highest TB prevalence figure in the country and one of the highest in the world. Figures released by the department of health last year show that the region has 28% of the national case load, with only 14% of the TB budget.

Sharp rise in TB among city coloureds

Medical Reporter

THE number of new tuberculosis cases among Cape Town's coloured community rose sharply by more than 20 percent in the first four months of this year and health officals have expressed concern over the seriousness of the situation.

Dr Michael Popkiss, Cape Town's medical officer of health, said that 927 new cases had been reported up to the end of May this year — an increase of 22 percent over the same period last year.

The number of new cases among the black population had decreased slightly, from 676 in the first four months of last year to 660 in the corresponding period this year.

However, these figures could be misleading because people often moved between townships in the municipal areas and those administered by the Regional Services Council of the Cape.

NOT CLEAR

The total number of new notifications in the first four months had increased by 10,5 percent to 1 613.

Dr Popkiss said it appeared there would be a big increase in the area controlled by the municipality this year, but the future trend was not clear.

"Tuberculosis is still a serious problem in the Peninsula and very difficult to control medically," he said.

A more optimistic view was given by Dr Stuart Fisher, acting MOH for the Regional Services Council, who predicted that the epidemic was nearing its peak.

"So far this year the number of notifications has not been substantially greater than for the same period last year.

"There are signs that we might be reaching a peak, and then we could see a slight decline.

FLUCTUATION

"However, tuberculosis is still a major problem," he said.

Dr Popkiss said the number of new cases tended to fluctuate.

"We might have more this year and the RSC area might have less, but next year it could be the other way round. On the whole there is no improvement."

Dr Popkiss said socio-economic conditions affected the number of cases seen.

"Many if not most of the new cases we are seeing now were previously infected, but they are developing symptoms now because of economic stress."

He said there was still a dire need for more hospital beds and for the community nursing staff to be increased.



It's a small world ... a group of nursery school children from Lenasia are treated to cups of soup at Santarama's miniland in Johannesburg yesterday. As part of a tuberculosis awareness campaign, soup will be given to all children visiting the popular attraction during the winter school holidays.

Santa launches 'good food' project

Star 28/7/88

(91)

By Toni Younghusband, Medical Reporter

A special "good nutrition" project was launched at the Santarama miniland in Johannesburg yesterday as part of a national TB awareness campaign.

Tuberculosis has reached epidemic proportions in South Africa.

Last year, 62 654 new notifications of TB were reported and, according to the South African National Tuberculosis Association (Santa), this figure is rising.

The highest incidence of TB is in the black population with 46 558 new notifications last year.

Second highest was among coloureds, 14 641, and then whites, 787.

Because good nutrition is so vital in the fight against TB, Santa decided to introduce a minifeeding programme at its miniland south of Johannesburg.

CHILDREN

More than 150 000 schoolchildren visit Santarama annually and of these, a great number are malnourished.

As poor nutrition, poverty and overcrowded living conditions contribute to the spread of TB, Santa felt that by providing these children with at least one nutritious meal it would focus attention on the disease and alleviate hunger pains for at least one day.

"We know that one cup of soup is not going to solve the problem but at least we are telling the children that this is what they should be eating and we are focusing attention on TB," said Mrs Julia van Heerden, Santa's public relations officer.

Yesterday a group of pre-school children from Lenasia were handed the first cups of soup from Santa's feeding scheme.

"We will be handing out soup to all children who visit Santarama during the winter school holidays every year from now on. Ideally we would like to give them food all year round but it costs a lot of money and we cannot afford to do it.

"Perhaps we will get sponsors to help out at a later stage," said Mrs van Heerden.

(91) Star 9/2/80

Drug resistance could mean rapid increase in TB

By Toni Younghusband,
Medical Reporter

Drug resistance in tuberculosis is causing grave concern among health authorities, who fear that, unless it is stopped, this resistance could mean a rapid growth of the disease.

According to Dr Theo Collins of the South African National Tuberculosis Association, the tuberculosis organism is showing increasing resistance to drug treatment.

While this resistance has not yet reached critical proportions, if it continues unchecked it could mean tremendous problems for health authorities by the year 2 000.

Surveys conducted by the Tuberculosis Research Institute have shown that in some areas up to 50 percent of TB patients are drug resistant.

Dr Collins said TB sufferers were chiefly to blame for this resistance.

While it has long been recognised that TB patients can be safely treated at home without hospitalisation, patients do not always comply with instructions, often with disastrous effects for the patient and others whom he may infect.

He said irregular drug treatment was responsible for the development of drug resistance.

"If a TB sufferer does not keep up his treatment on a regular basis, his TB organisms will develop resistance to the treatment available and he will then pass on this resistant strain to others.

"Once he has become resistant to our drugs there is nothing we can do and he will die."

TB sufferers should keep up their drug therapy for a period of six months. Unfortunately, Dr Collins pointed out, many forgot to take their medication or refused to take it for spiritual reasons.

"Their blood must contain a steady drug level. As soon as this drops, resistance rises.

"It is essential they take their medicine, even if it means we have to keep them in hospital for the full six months," he said. Unfortunately, many patients refused to stay in hospital that long.

day, August 19, 1988 ★

Joint TB campaign

LOCAL authorities may soon combine their efforts to obtain funds from central government to fight the rampant tuberculosis problem in the Western Cape.

After a 24% increase in the incidence of TB in the coloured community during the first six months of this year against the same period in 1987, the city council's executive committee approved a recommendation yesterday that the Regional Services Council (RSC) be approached with a view to making joint representations to the government for financial aid to tackle the problem.

The council's medical officer of health, Dr Michael Popkiss, said yesterday that while the Western Cape had 27% of the national total of TB notifications, only 14,5% of national funds allocated to combat TB were given to the area.

"While the national bed average is one to five TB patients, in the city council and RSC areas combined we have a bed average of one to 20. This points to a desperate lack of resources in this area."

He added that he had learnt that the October "deadline" for the provision of 350 beds at Westlake was in fact only a target date for the commencement of work on the project.

There had been 1 135 notifications of TB in the coloured community in the first half of 1988, as against 912 in the same period in 1897.

There were fewer black cases this year than last year, but the 24% increase in the coloured community resulted in an overall increase of 11%.

'Daily'

Tuberculosis patients face food cutback as fund falls

M645
23/8/88
91

By KAREN STANDER
Medical Reporter

THOUSANDS of Cape Town tuberculosis patients and their families will go hungry unless the South African National Tuberculosis Association (Santa) crisis fund is boosted.

More than 10 000 people in greater Cape Town contract TB every year.

The crisis fund is running dangerously low and Santa is facing the difficult decision of whether to cut back on the size or the number of grants made each month.

About 600 TB patients are fed every day at soup kitchens and thousands of needy families of patients have received monthly grants or food parcels from the fund since it was started less than two years ago.

Dr Len Tibbit, chairman of Santa Cape Town, has made an urgent appeal for contributions.

He said R32 000 was spent during the 1986/87 financial year and this increased to R44 000 last year.

Deputy chairman Dr Stuart Fisher said the number of cases diagnosed in the old Divisional Council of the Cape area — now controlled by the Regional Services Council — rose slightly to 2 321 in the first six months of this year. During the same period last year there were 2 264 new cases.

Disability grants

Dr Fisher, who is chairman of Santa's grants committee, said the crisis fund provided small grants for patients until they were fit to go back to work or they received state disability grants.

The economic squeeze and increasing urbanisation meant that the unemployment rate was rising and more patients were becoming dependent on the grants.

"We would like to give more money to more people, but unless we find the funds urgently we have to reduce the size of the grants, which are already barely sufficient, or the number of grants.

"At the moment we can afford about 80 grants of between R40 and R90, depending on the number of dependants, and the soup kitchens and food parcels."

TB SA's top killer

DIANNA GAMES

TUBERCULOSIS in SA kills a minimum of 10 people a day, even though it can be prevented and cured. The latest victim of a disease that kills more South Africans than any other is 70-year-old jailed ANC leader Nelson Mandela.

It was confirmed at the weekend by Tygerberg Hospital superintendent Dr J G L Strauss that Mandela has "tuberculous pleural effusion" — water in the pleural cavity round the lung. The effusion has cleared up and Mandela's condition has steadily improved. Mandela's condition is not infectious, according to doctor in charge Professor M A de Kock.

If TB is diagnosed early it will not leave permanent damage to the affected organs and can be cured. If not, the damage can be severe or fatal.

Dormant

If the disease is treated at a late stage, damage to the lungs is irreparable, leaving the patient with shortness of breath and susceptibility to other infections. Treatment must last for a minimum of six months. It is most prevalent in communities with poor housing or in people living in crowded conditions.

In Mandela's case it could have been contracted from another infected person in jail but, say the experts, he could have even contracted it many years ago. The germ can stay dormant for a lifetime and only become active once one's resistance is lowered. The disease is not infectious once treatment has begun.

One of the most serious problems presently facing doctors treating TB is a growing resistance in SA to available drugs, which may prove fatal for the patient who can also pass on the resistant strain.

A South African National Tuberculosis Association (Santa) spokesman said very young and very old people were most at risk due to a decreased resistance, but in either case it was not likely to be fatal if treated.

SA's prevalence of TB was particularly high, with one in 372 people in 1986 requiring treatment compared with about one in 10 000 in the UK. It is generally believed that available figures are a gross underestimation.

The TB germ normally attacks the lungs but can affect other parts of the body, including the spine, brain, kidneys and glands.

It is a major cause of death, accounting for nearly 6 000 registered deaths in 1984, nearly 80% of which were among blacks and 1,5% among whites. Government has said it has increased its TB management budget from R73m in 1984/85 to R150m this year.

State may aid city in its battle against TB

By ANTHONY DOMAN
Municipal Reporter

THE fight against the Western Cape's tuberculosis epidemic could be given a boost by funds expected from the government before the end of the year, the city council was told.

"Last week we made representations to the highest level. We are hopeful that money will be forthcoming before the end of this year," amenities and health committee chairman Mr Louis Kreiner said.

He was speaking in a debate on plans for joint representations to the government with the Regional Services Council.

TB had reached "epidemic proportions" in the Western Cape, he said.

Earlier, Dr John Sonnenberg blasted health authorities for inaction on the TB problem.

3 800 new cases

"With all the fanfare about Aids ... we have had only 13 cases in Cape Town," he said, "but we have had 3 800 new cases of TB in the past year. And Aids is incurable. With TB we are talking about a disease which can be cured."

A "highly effective" treatment was available which could cure TB patients in four to six months.

TB statistics in the annual report of the medical officer of health were "highly misleading". These figures seemed to show that the incidence among Africans had dropped.

But this was not so, he said, blaming "fragmented" health services for creating a false impression.

"What about Khayelitsha? What about Crossroads?"

In 1975 the MOH had reported about 2 900 new cases of TB in the Cape Town municipal area. By 1988 this had risen to 3 800.

"It is a terrible indictment on the state of health in this country," he said.

False economy

The government's decision not to treat TB patients in hospital but as outpatients was based on economics, he said. "But this is false economy."

Subsequent cutbacks had led to only one bed for every 25 patients instead of the recommended one in five.

Former MOH Dr Reg Coogan had seen the problem coming and had appealed to the government to do something. The result was a commission of inquiry which criticised the government for its handling of TB. Up to now the government had responded with foot-dragging.

"The professionals who have to deal with the high incidence of TB are wringing their hands," he said. "It is a disgusting state of affairs."

Local health authorities needed to press for action because their previous approaches to the government had been "far too polite".

Mr Louis Kreiner said more beds were not the only solution. "It is a long battle," he said.

(91) Sowetan

WOMAN

TB kils 10 e veryday in SA, says SANTA

By SONTI MASEKO

TUBERCULOSIS, a lung disease, kills at least 10 people everyday in South Africa, according to statistics released by the South African National Tuberculosis Association, (SANTA).

Last year, 62654 new cases of the disease were discovered and the disease has reached epidemic proportions in the Western Cape. TB, also known as Koch's bacillus was discovered by a doctor, Robert Koch in 1882. It is an infectious disease caused by a germ called the tubercle bacillus, which attacks any part of the body, usually the lungs.

It is spread by means of infectious droplets loaded with TB germs from one person to the other.

In the early stages, a person infected by the germ experiences a cough that persists for over three weeks, loss of weight and of appetite, night sweats and unexplained tiredness and weakness.

Cough is the most common symptom and may occur alone or together with one or more other symptoms.

In later stages, there is often pain in the chest, shortness of breath and spitting of blood.

At this stage, when the sufferer coughs, germs are carried in the droplets from open sores in the lungs, and they may be inhaled by a healthy person.

The person may not necessarily suffer from the disease. The body may overcome the infection and it may lie dormant for many years.

The disease may flare up at any stage if the person's resistance is lowered or if he is under physical and emotional stress.

Tuberculosis, like many other infectious diseases, is a disease of poverty, poor nutrition and over-crowded living conditions.

There is a strong body of thought among experts that drastic improvements in the socio-economic circumstances will provide a major impact in combating the disease.

The successful treatment of the disease depends upon the early diagnosis of the disease. The sufferer should seek aid as soon as the symptoms of the disease appear.

TB epidemic spreading in Western Cape

Staff Reporter

THE tuberculosis epidemic in the Western Cape is continuing to rage and there has been a 24-percent increase in cases this year, says the Cape Town City Council's Medical Officer of Health, Dr M Popkiss.

Dr Popkiss, addressing the annual meeting of the Care Committee for Tuberculosis Patients, said the need for more funds was continuing because resources were strained.

The City Council and the Regional Services Council were still waiting for assistance from the Minister of National Health and Population Development to combat the epidemic.

Problems of overcrowding, poor education and bad living conditions which led to the establishment of the Care Committee in 1929 were still major obstacles in the fight against tuberculosis, Dr Popkiss said.

He thanked the Community Chest for providing the main bulk of the funds needed to assist tuberculosis patients and their dependents, and the supermarkets for saving the organisation from having to handle large amounts of cash in dangerous areas by accepting the patients' food vouchers.

The guest speaker, Profesor P R Donald of the department of paediatrics at Tygerberg Hospital, said that unlike other parts of the country, TB was on the increase in the Western Cape.

He highlighted the danger that TB posed to young children because of potential complications like tuberculosis meningitis.

"The younger a child the worse the prognosis for tuberculosis," he said, citing mortality figures showing the under-two age group to be most at risk.

Professor Donald praised the "Road to Health" cards issued at clinics and which reflected the child's physical development.

APPROVED FOR HELP

"We should refer more to these cards, keeping an eye on the weight-gain patterns of young children in contact with adults with tuberculosis," he concluded.

Last year 699 cases were approved by the Care Committee for hospital grants, maintenance grants and rent grants.

Food vouchers cost the organisation R48 500, cash grants R5 276 and R4 323 went towards City Council rents.

Case workers also assisted patients to obtain State welfare benefits such as disability grants, and ensured that family members were examined at tuberculosis clinics.

Govt's TB approach 'deplorable'

Staff Reporter

THE government's attitude to the TB epidemic was "deplorable" and it was time local authorities stopped being polite and diplomatic in their approaches to government about the disease, the City Council heard yesterday.

City councillor Dr John Sonnenberg was speaking in support of a motion — which was eventually accepted — that the council approach the Regional Services Council to make joint representations to central government for financial assistance to deal with the TB problem.

Dr Sonnenberg said 10 people died of TB in South Africa every day. "And it is a curable disease — it can be cured in four to six months," he said.

He said the fragmentation of health services made for misleading figures. "City Council figures, for instance, do not include the 200 000 people in Khayelitsha. This is a terrible indictment of our health services," he said.

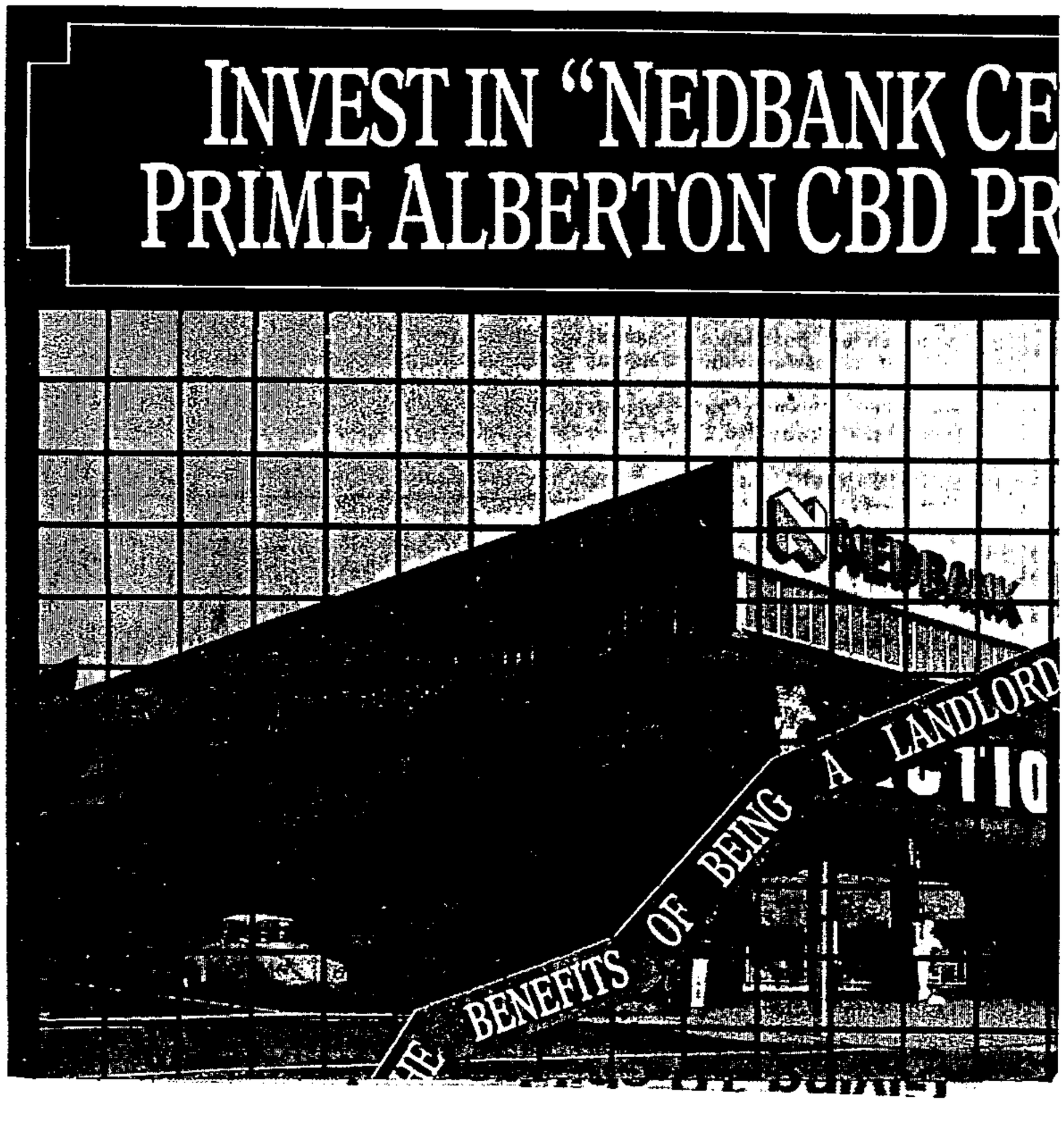
New laws to curb bovine TB

Star 11/10/68 (9)

New legislation for the eradication of bovine tuberculosis came into effect on October 1, Dr J Erasmus, chief director of Veterinary Services in the Department of Agricultural Economics and Marketing, said last week.

The legislation involves testing programmes, control by the Directorate of Animal Health, participation of the cattle owner, measures to deal with infected herds as well as infected cattle, and the issue, renewal and use of bovine tuberculosis-free certificates.

Although participation in the scheme is voluntary, a state veterinarian may, if he deems it necessary, compel a person to join the scheme and have his cattle tested for bovine tuberculosis. — Sapa.



24% increase in new Cape TB cases

Staff Reporter

THE tuberculosis epidemic among the Western Cape's coloured community shows no sign of letting up and the latest monthly figures available show a 24% increase in new cases compared with the same time last year.

This is according to a report released by the Medical Officer of Health for Cape Town, Dr Michael Popkiss, who said that 233 new cases were reported in August, compared with 187 last year.

More beds for TB patients were "desperately" needed in Cape Town. In other areas there was one bed for every five notifications whereas in Cape Town there was one bed for every 25 notifications, said Dr Popkiss.

There had been a slight fall in cases reported in the black community but he said this should not lead to complacency, as there had been a major growth in population just outside the municipal area.

Many black patients had been moved to other areas which fell under the jurisdiction of the Regional Services Council and it was difficult to determine accurately the black population.

10% TB rate in township schools

Star 2/12/88

By Toni Younghusband, Medical Reporter

Tests at 33 schools have shown that more than 2 000 primary schoolchildren in the kwaThema and Tsakane townships near Springs have tuberculosis.

A spokesman for the South African National Tuberculosis Association (Santa) said 22 893 primary school children had been tested on the East Rand in five months and 2 122 were positive for primary tuberculosis.

But the project has now run out of money says Mrs Julia van Heerden, Santa's public relations officer.

A R10 000 contribution by the Ikageng Women's Group launched the project in conjunction with health officials from Santa.

The Springs Rotary Club provided the children with the supplementary nutrition essential in the treatment of TB.

State health authorities provided the medicine.

Mr Alex Sikiotis, of the Rotary Club, said: "Rotary provides those identified as having TB with one nutritional meal a day so that at the end of their medication they do not get re-infected.

"What we would like to do is to test every child within a 20 km radius of Springs. We believe TB is the biggest problem facing South Africa's health."

The Ikageng Women's Group will continue to feed the infected schoolchildren during the school holidays.

65 000 children to be tested for TB

Star 28/12/85 (91)

Medical Reporter

About 65 000 schoolchildren on the far East Rand are to be tested for tuberculosis if sufficient funds can be raised.

A spokesman for the Springs Rotary Club, Mr Alex Sikiotis, said yesterday that an intensive anti-tuberculosis campaign, launched a month ago in the Springs area, would be expanded to include the testing of all township schoolchildren from Benoni to Nigel.

"We have applied to the Rotary Foundation in America for funding of the project which would involve TB testing of all schoolchildren from Benoni to Nigel," he said.

These funds would be used to pay for the tests but additional funds were needed to provide nutritious meals for those children whose tests were positive.

The Springs Rotary Club, in conjunction with the South African National Tuberculosis Association and the Ikageng Women's Group, had for the past month been testing primary school children in the kwaThema and Tsakane townships of Springs, Mr Sikiotis said.

More than 2 000 of the 22 000 children tested were positive.

Although medication helped to a certain extent, it was essential that these children ate properly if they were to get better.

The Ikageng Women's Group had been giving these children one balanced meal a day.

"The food scheme has continued during the school holidays with children coming to a central feeding point in the township.

"We hope to keep this up for another two months and to expand the project to include more children," Mr Sikiotis said.

He added that the ideal would be to include the testing of children at creches and high schools.

HEALTH & DISEASE — T. B.

1989 — 1990

TB scourge: Campaign to stress employers' responsibility

By KAREN STANDER
Medical Reporter

TUBERCULOSIS has been responsible for more deaths than any of the other infectious diseases, including plague, smallpox and cholera.

Ten to 12 South Africans die every day of TB. Why, when tuberculosis is a *curable* disease?

The South African National Tuberculosis Association (Santa) has begun its annual publicity campaign to create public awareness of TB. The campaign is aimed particularly at employers and stresses their responsibility.

A spokesman for Santa said it was likely that the disease had plagued humanity for at least 7 000 years and possibly first appeared in the Middle or Far East, spreading along the well-established trade routes.

It was only after World War 2 that TB came under control in Europe and North America. This was due largely to improved living standards as effective drug treatment was not yet available.

In South Africa, the bacillus was carried by miners from Europe and North America who came to the country when gold and diamonds were discovered.

After the 1950s a decline in the epidemic began, but this had turned in recent years following economic recession, drought and unemployment.

A significant increase in the number of cases were seen, beginning in the Western Cape.

Today up to 250 000 South Africans required treatment every year.

Santa's message though was one of hope. The role of the employer — from industrialist to housewife — was very important.

Apart from a donation or sponsorship of a particular project, Santa suggested other ways in which the employer could become involved:

- All employers should be aware of the signs and symptoms of TB and refer suspected sufferers to a clinic;
- The supervision of treatment could be undertaken in the work place by a responsible person;
- Employers could invite health educators to address their employees; and,
- In a large work force employers could consider the training and employment of a TB health educator;

Short morning and luncheon seminars are being held countrywide for all employers.

For more information contact Santa at ☎ 25 4692.

Athlone centre to train TB educators

By KAREN STANDER
Medical Reporter

A BOLD drive to tackle tuberculosis in Elsies River, where the incidence is one of the highest in the world, has begun with the opening of a training centre for TB health educators.

The centre in Athlone was officially handed over to the South African National Tuberculosis Association (Santa) by Mr Ken Lester, district governor of Rotary Club, at a function on Tuesday.

Mr Lester said three years ago Rotary committed itself to raising $120-million (R250-m) to eradicate polio from the earth by the year 2005, Rotary's centenary year.

In a single year the service club raised $225-million (R574-m) for this project.

Spurred by this success Rotary decided to tackle the problem of tuberculosis.

While the initial target was R50 000, so far R110 000 had been raised for equipping the centre, made available by the Cape Town City Council. Additional funds would be donated toward the running costs.

Dr Len Tibbet, chairman of the Western Cape branch of Santa, said health educators from rural areas would eventually also be trained at the centre.

The centre is part of an ambitious upliftment project aimed at motivating and equipping members of the community to take responsibility for their own health, and helping and encouraging those with the disease.

Twelve Santa TB health advisors have already started a three-month training course.

Next in line is up to 180 volunteers from the Elsies River community who will attend an intensive one-week training course.

The volunteers will be taught the rudiments of TB control, enabling them to strengthen the work of health professionals.

SEX SHOP

Up to 20 a day die of TB — RSC

Cape Times 8/4/89 (91)

Staff Reporter

AN estimated 12 million people in this country have "dormant" tuberculosis — and an estimated 15% of these will contract full-blown TB, with between 10 and 20 dying every day.

Dormant TB means that they are infected by the TB bascillus, which with proper nutrition and life-style can be cured.

Figures for the disease in the Western Cape are among the "highest in the world", according to the Acting Medical Officer of Health for Regional Services Councils, Dr Stewart Fisher.

In Cape Town City Council areas in 1987 there were 3 709 cases, with an increase of 9% in 1988 and an 8% increase for the first four months of this year, with a total so far of 1 459.

The figures for RSC areas are just as bleak, with 4 813 cases in 1987 and 5 137 in 1988. So far this year there are 2 590 sufferers.

The prime causes for the disease in the Peninsula are malnutrition and poor and unhealthy living conditions on the Cape Flats, Dr Fisher says.

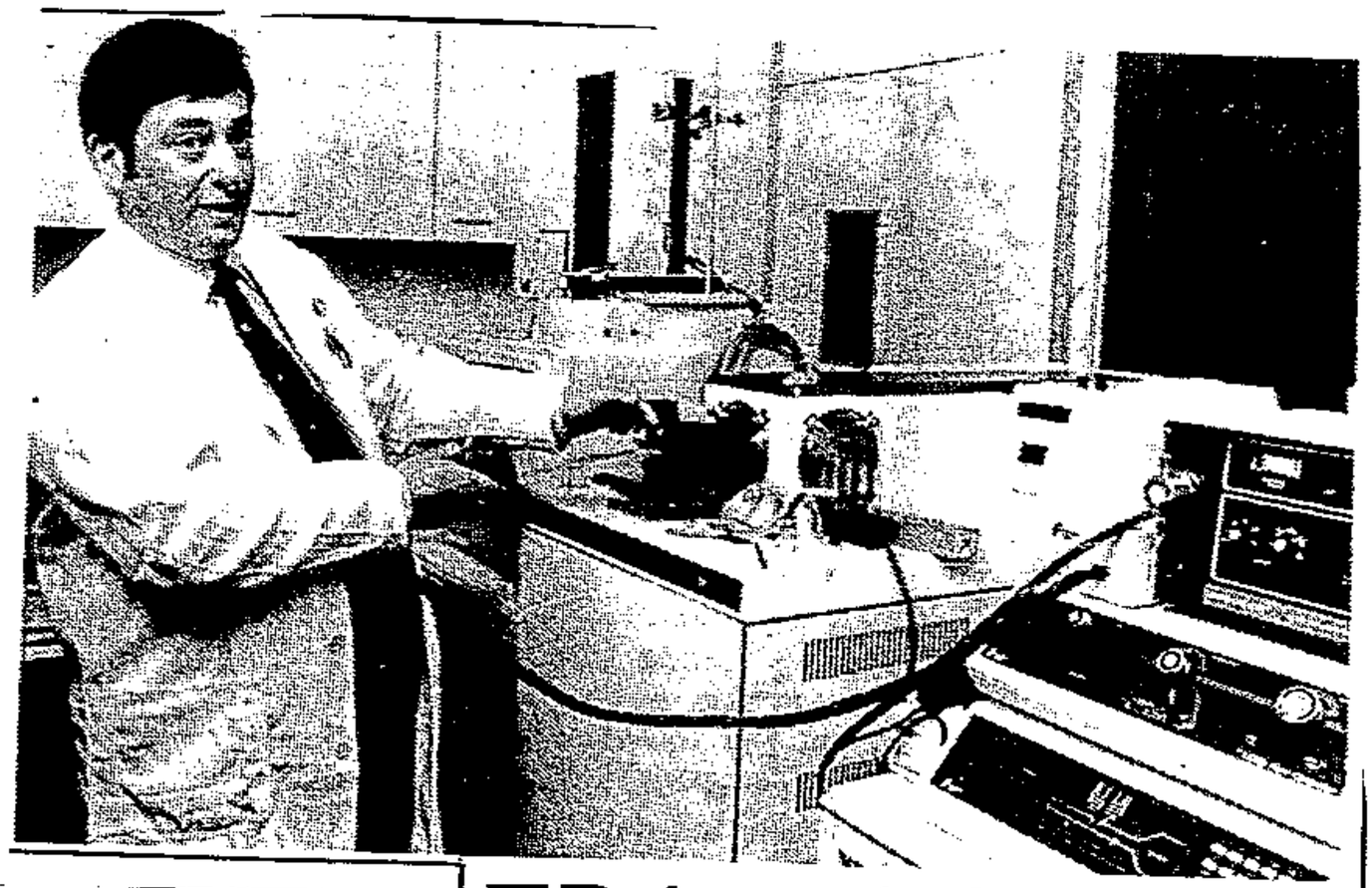
"It is not unusual for 10 people to be living in one room, creating perfect conditions for the disease."

Dr Michael Popkiss, Medical Officer of Health for the City Council, said: "TB is a disease of poverty. The incidence among the coloured population is increasing at an alarming rate."

Only 29 cases have been recorded among whites this year in the RSC areas of the Western Cape.

Dr Popkiss said TB patients should ideally be hospitalised.

ADVENTURE



TB breakthrough

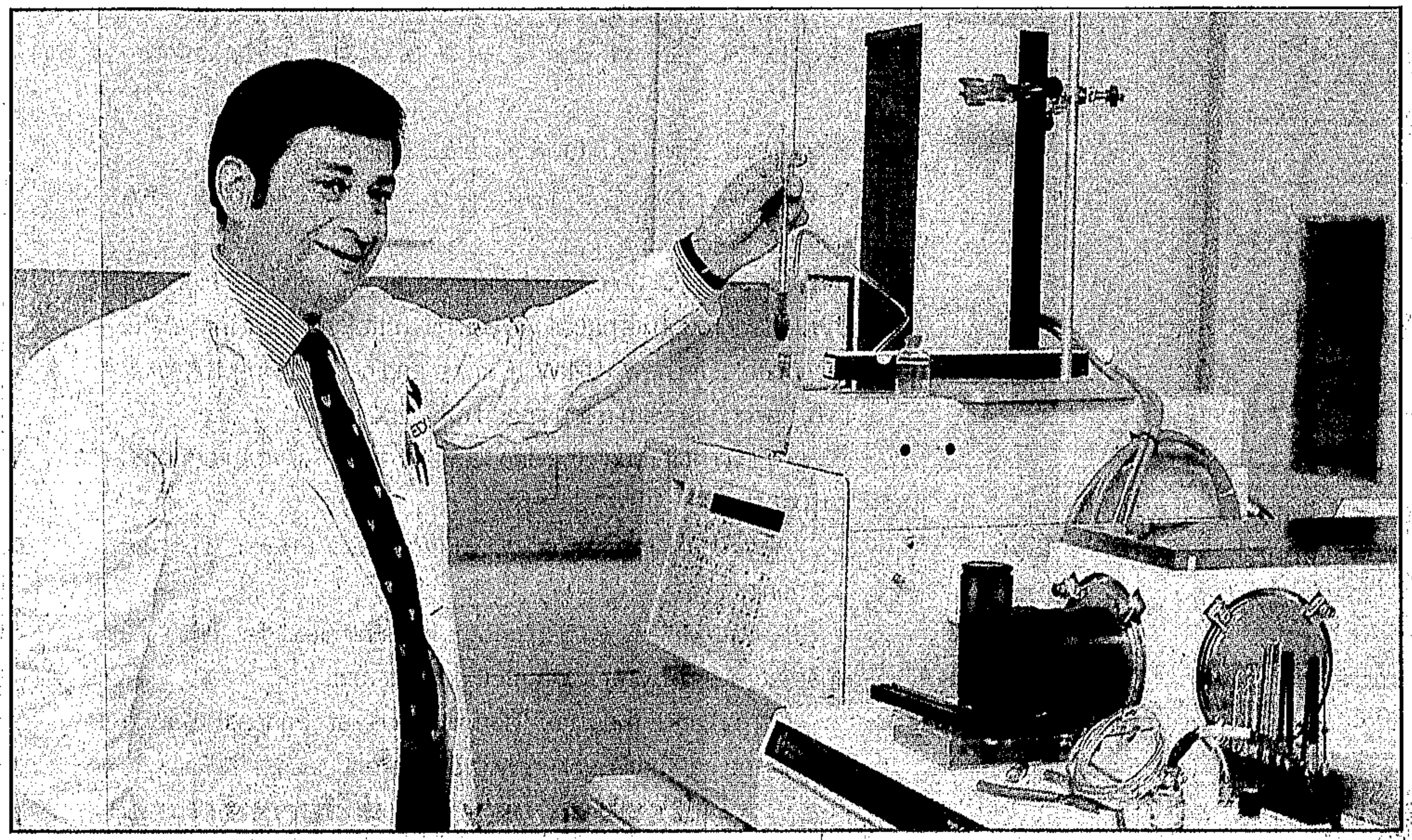
Sowetan 2/7/89 (91)

SENIOR specialist in the department of chemical pathology at Medunsa, Dr John Elias, demonstrated to the Press how this diagnostic machine functions. He said: "In laboratories with existing techniques, it takes about six to eight weeks to diagnose TB, but with this machine it will only take between four and five hours to detect the disease," he said.

The machine cost about R1,4 million and Medunsa was the first medical institution in the country to have one.

91

Deadly TB meningitis diagnosis time slashed



Identifying a killer . . . Dr John Elias, a senior specialist and lecturer at Medunsa, explains how researchers are able to diagnose tuberculosis meningitis in five hours rather than the usual six to eight weeks. © Pictures by Alf Kumalo.

8 weeks cut to 5 hours with new technique

Researchers at the Medical University of South Africa (Medunsa) near Pretoria are now able to diagnose a killer strain of tuberculosis within five hours, a diagnosis which previously took between six to eight weeks.

By Toni Younghusband, Medical Reporter

Tuberculosis meningitis has an exceptionally high mortality rate and the speed of this new diagnosis helps doctors to act promptly in their treatment of the patient.

The incidence of TB meningitis is highest in children and can cause permanent cerebral damage if not treated immediately. A patient may die within 10 days if not treated.

Medunsa is only the third institution worldwide which uses this testing technique.

According to Dr John Elias, a senior specialist and lecturer at Medunsa's Chemical Pathology Department; spinal fluid taken from the patient is placed in a sophisticated machine called a Gas Chromatography-Mass Spectrometry (GCMS), the machine detects the fatty acid present in the cell walls of the tuberculosis bacteria and within five hours a diagnosis is printed.

The GCMS, which cost an estimated R1,4 million, is also being used in other areas of research.

Dr Elias explained that while the incidence of TB meningitis was not as high as other forms of the illness, a prompt diagnosis was vital.

One disadvantage of the GCMS, said Dr Elias, was that it was manufactured in the United States and when it broke down there were long periods when it was inoperable.

He said researchers were close to perfecting a method whereby the GCMS would diagnose TB meningitis in only five minutes. "We have been working hard at it and are very close to getting there. This will be a major breakthrough."

City Press HOTLINE

No pension for TB victim in hospital

Law says State pays his costs – but who cares for his family?

TB sufferer Mike Mothlabe has won the fight to get his old age pension reinstated.

And as a result, the Transvaal Pensions Department has scrapped its policy of allowing local offices to suspend old age pension payments to hospital patients.

Until this week, when *City Press* took up Mothlabe's case, local offices could suspend an old age pension if the pensioner was being treated in a State hospital.

Mothlabe of Mohlakeng, Randfontein, is 76 years old. He hasn't received his pension since January 1988.

The Randfontein pensions office – which now falls under the Transvaal Provincial Administration – was told by the Pensions head office in Pretoria to suspend the pension because of Mothlabe's "unclear circumstances".

The Pensions Department agreed with Mothlabe that it had erred in suspending his pension, and reinstated it.

But Randfontein pensions staff still refused to pay either the pension or back payments – because Mothlabe was in hospital suffering from TB.

Mothlabe's family were told that as he was being looked after by the State, he no longer needed his pension.

The Social Pensions Act (Act 37 of 1973) allows for the suspension of an old age pension – or any other social pension – for as long as the person is being taken care of in a hospital funded by the government.

Director of Social Pensions in the Transvaal, C J Wolmarans, told *City Press* that although the Pensions Act allowed for the suspension of pensions for people receiving long-term treatment in hospital at the State's expense, the department normally paid pensioners who were in hospital for a limited period.

All provincial pensions offices have been told not to suspend the pensions of patients receiving short-term hospital treatment.

Only in cases where the pensioner is admitted indefinitely, such as to a mental institution, will a pension be suspended.

The department can make special provision for pensions to be paid directly to the patient.

The pensioner can also authorise someone – through power of attorney – to collect his pension on his behalf.

Meanwhile, the Randfontein office has been instructed to reinstate Mothlabe's pension immediately; to go to hospital and give him his backpay of R1 470.

Plea to employers to play active role in TB prevention

ARGUS 30/3/89 (91)

The Argus Correspondent

JOHANNESBURG. — Employers are being called on to take a more active role in the prevention of tuberculosis, which has reached epidemic proportions in some parts of the country and kills two South Africans every hour.

The South African National Tuberculosis Association (Santa) has appealed to all employers to help combat the disease.

TB is the most common notifiable disease in South Africa and an estimated 60 000 new cases are diagnosed each year.

"Surely a disease that produces over 60 000 new cases annually deserves a priority rating in the minds of the public?" a Santa spokesman asked.

He pointed out that tuberculosis was preventable and curable and it was in these areas that the employer had a role to play.

EASILY TREATED

"Employers should become aware of the signs and symptoms of TB and refer suspected cases to their nearest clinic.

"Where an employer has a large workforce he should consider the training and employment of a TB health educator or he could invite health educators to address his employees," the spokesman said.

Many people who fall prey to the disease can be successfully treated at home, provided they take their medicine regularly.

"TB spreads rapidly in conditions of poverty, overcrowding and poor nutrition and is thus a disease that is closely related to political, social and economic factors that are slow to change.

"Apart from medical intervention, employers can make a tremendous contribution through attempts to improve the quality of life of their workers in respect of pay, housing and better nutrition.

DAW 30/3/89 (91)

Plea for firmer anti-TB efforts

By Toni Younghusband, Medical Reporter

Employers are being urged to take a more active role in the prevention of tuberculosis, a disease which has reached epidemic proportions in some parts of the country and kills two South Africans every hour.

The SA National Tuberculosis Association (Santa) has appealed to all employers, be they industrialists or housewives, to help combat the disease.

TB is the most common notifiable disease in South Africa and an estimated 60 000 new cases are diagnosed annually.

A Santa spokesman said TB was preventable and curable, and it was in these areas that the employer had a role to play.

"Employers should become aware of the signs and symptoms of TB, and refer suspected cases to their nearest clinic.

"Where an employer has a large workforce, he should consider the training and employment of a TB health educator or he could invite health educators to address his employees."

One of the greatest difficulties in fighting the TB epidemic was treatment compliance. Many TB patients could be successfully treated at home, provided they took their medicine regularly. Santa believed employers could appoint a responsible person in the workplace to supervise outpatient treatment.

The Santa spokesman said that, apart from medical intervention, employers could make a big contribution through attempts to improve the quality of life of their workers in respect of pay, housing and better nutrition, possibly in the form of subsidised meals in staff canteens.

'60% of Aids cases died'

Political Staff

OVER 60% of the 209 identified cases of Aids in South Africa had already died by March 6 this year, Mr Sam Bloomberg (NP Bezuidenhout) said yesterday.

However TB — with 60 000 news cases diagnosed last year and 2 261 deaths registered — was at present "a far greater problem" in SA.

Mr Bloomberg said that of the 209 Aids cases, 26 originally came from other African countries, 26 cases had been heterosexually transmitted, 10 were from transfusions, and 133 cases involved white homosexual or bisexual men.

Cape Times 19/4/89 91

Santa gets building to train TB educators

Staff Reporter

ROTARY yesterday made available a building in Athlone to the South African National Tuberculosis Association to enable it to train educators.

South Africa has the worst record in the world for tuberculosis, with a total of 10 people dying every day. The Western Cape has the highest incidence of sufferers in the country.

According to the chairman of Santa, Dr Len Tibbitt, the disease is socio-economic and without education in the proper areas, no progress will be made.

The first 12 educators are already being trained. They will go to the community to instruct a further 15 people each.

Eventually it is hoped that employers also will be made more aware of the problem.

Chinese students march for freedom

PEKING. — Chinese students yesterday led the biggest demonstrations seen in Peking since 1976, using the death of former Communist Party leader Hu Yaobang to challenge the authorities with demands for democracy and freedom.

Waves of students carrying flags and wreaths paraded in and around the capital's vast Tiananmen

Spread of TB

Cape Times 20/4/89

91

TUBERCULOSIS was being spread because people suffering from the disease failed to complete their treatment, the Minister of National Health, Dr Willie van Niekerk, said yesterday.

He said as many as 20% of those diagnosed as having TB did not complete their treatment. This resulted in it spreading, as one person could infect up to 10 healthy people.

TB scourge: Campaign to stress employers' responsibility

By KAREN STANDER
Medical Reporter

TUBERCULOSIS has been responsible for more deaths than any of the other infectious diseases, including plague, smallpox and cholera.

Ten to 12 South Africans die every day of TB. Why, when tuberculosis is a *curable* disease?

The South African National Tuberculosis Association (Santa) has begun its annual publicity campaign to create public awareness of TB. The campaign is aimed particularly at employers and stresses their responsibility.

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It was only after World War 2 that TB came under control in Europe and North America. This was due largely to improved living standards as effective drug treatment was not yet available.

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After the 1950s a decline in the epidemic began, but this had turned in recent years following economic recession, drought and unemployment.

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Today up to 250 000 South Africans required treatment every year.

Santa's message though was one of hope. The role of the employer — from industrialist to housewife — was very important.

Apart from a donation or sponsorship of a particular project, Santa suggested other ways in which the employer could become involved:

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- In a large work force employers could consider the training and employment of a TB health educator;

Short morning and luncheon seminars are being held countrywide for all employers.

For more information contact Santa at ☎ 25 4692.

Athlone centre to train TB educators

By KAREN STANDER
Medical Reporter

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Spurred by this success Rotary decided to tackle the problem of tuberculosis.

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Next in line is up to 180 volunteers from the Elsies River community who will attend an intensive one-week training course.

The volunteers will be taught the rudiments of TB control, enabling them to strengthen the work of health professionals.

Virus victims 'prone to TB'

GENEVA. — The World Health Organisation has issued a warning that many countries, particularly in the Third World, will face growing health-care problems because the estimated five million people infected with the Aids virus are highly prone to infectious pulmonary tuberculosis.

About eight to 10 million people in the Third World develop clinical TB and three million die each year of the disease, though it is curable, said a WHO statement. It said about half the close contacts of an infectious TB patient will become infected themselves.

The WHO said about 30 to 60% of adults in developing countries are infected with the tubercle bacillus. The bacillus is transmitted by air through the coughing of patients.

This bacillus is "more infectious than other infections associated with Aids and is therefore of additional concern to the general population", said the five-page "statement on Aids and Tuberculosis".

The statement said people with both infections have an increased risk of developing clinical TB and further transmitting the tubercle bacillus. — Sapa-AP

R100 000 TB project planned

A R100 000 tuberculosis testing and treatment project is soon to be launched on the East Rand.

Funded by Rotary International, the project will be jointly co-ordinated by Rotarians and the South African National Tuberculosis Association, and will involve the testing of people living in Benoni, Brakpan, Springs and Nigel.

"The TB Iceberg Project is a pilot scheme which will be watched by the entire country. Its success will encourage others to proceed with the process in their areas," said project convenor Mr Alex Sikiotis.

Statistics show that 10 South Africans die daily of TB, a disease which is curable if identified early.

"The yearly loss of 3 650 citizens to a disease that can be identified and cured must represent one of the worst wastages of life in this century.

"TB is of epidemic proportions, especially among blacks," Mr Sikiotis said.

He said with the right motivation, the needless pain and suffering, loss of life and spread of TB could be eliminated.

Employers bound to play a role in combating TB

A great role can be played by employers in combating tuberculosis at the workplace.

According to the South African National Tuberculosis Association (Santa), there are different levels at which an employer can become involved in the fight against the disease.

They are:

- That all employers be aware of the signs and symptoms of TB and that a suspect should be referred to the nearest clinic;
- Supervision of treatment should be at the workplace by a responsible person;
- Santa should also advise employers to invite health educators to address their employees on TB;
- Where an employer has a large workforce that he considers the training and employment of a TB health educator;
- That an employer considers a straight financial contribution and that an employer undertakes sponsoring a particular project.

HEALTH GUIDE



By MOKGADI PELA

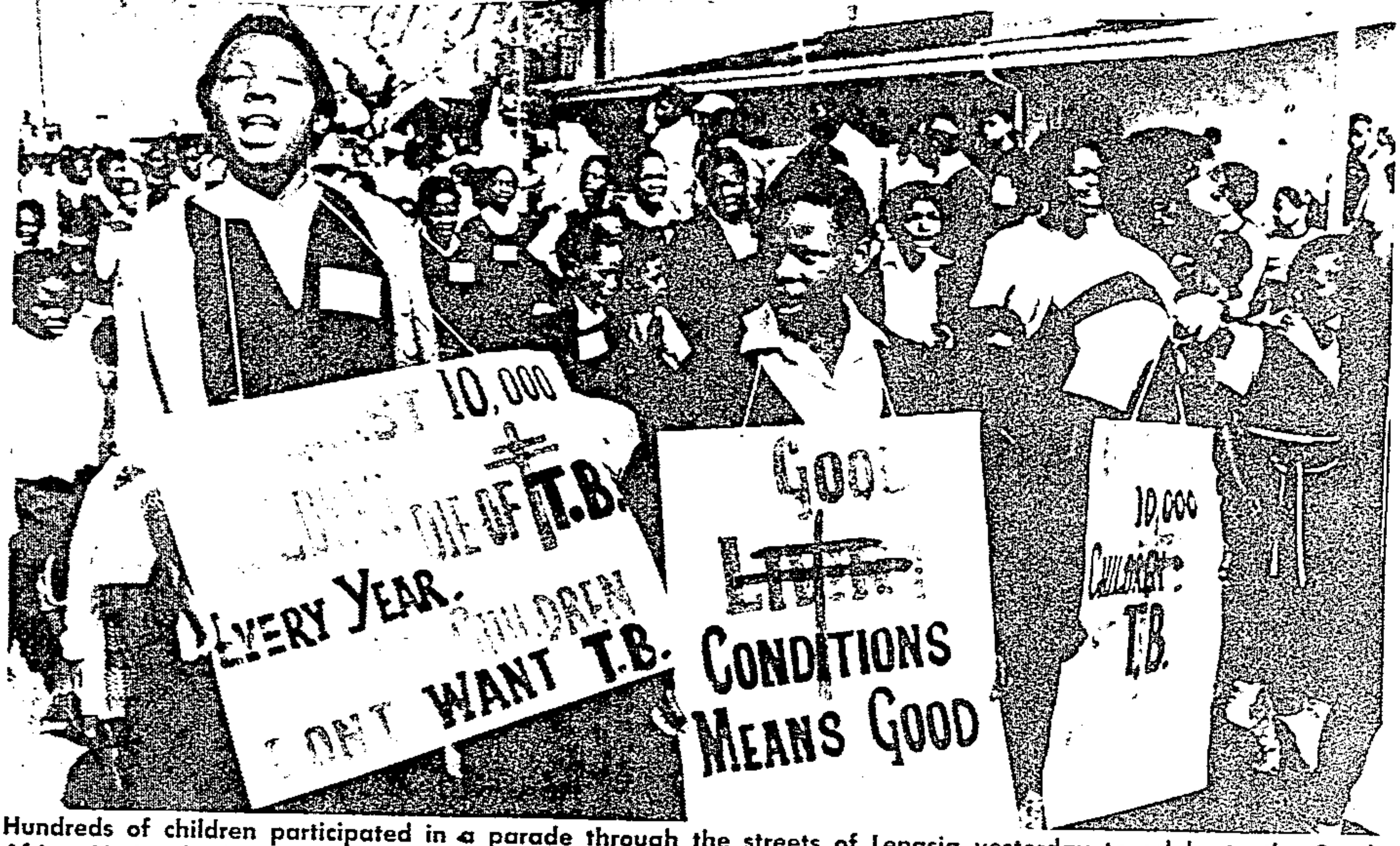
R100 000 testing project to be launched on the East Rand - soon

Meanwhile, a R100 000 tuberculosis testing and treatment project is soon to be launched on the East Rand.

Funded by Rotary International, the project will be jointly co-ordinated by Rotarians and Santa. Testing will take place in Benoni, Brakpan, Springs and Nigel.

The aim of the tests will be to identify potential victims and set in motion the process of treatment.

Rotary and Santa said the project, if successful would end the needless pain and suffering caused by TB which accounted for 10 lives each day in the country.



Hundreds of children participated in a parade through the streets of Lenasia yesterday to celebrate the South African National Tuberculosis Association's 25th anniversary and in support of the homeless. ● Picture By Sean Woods.

Lenasia highlights homeless

By Sally Sealey

Thousands of Lenasia residents lined the streets yesterday to support a joint parade by the South African National Tuberculosis Association (Santa) and the Homeless Support Committee (HSC) which highlights the plight of the homeless community in and around Lenasia.

The procession was jointly organised by Santa, the HSC, the Ananda Marga and the Federation of Residents' Associations (FRA).

Hundreds of children from squatter camps in Lenasia and surrounding areas marched in the procession singing "We are marching in the light of God" and carrying banners declaring: "We the children don't want TB" and "Support the homeless, fight TB."

Mr I Mayet of Santa said the parade was part of Santa's 25th anniversary celebrations and to highlight the fact that more than 5 000 children in South Africa suffer from tuberculosis every year.

Dr A Wadee said that in places such as the Ciskei and Transkei 600 people out of every 100 000 contract TB annually.

StarStyle

TB – it doesn't choose victims by bank balance

(91)

Star 15/5/91

Many South Africans still believe that tuberculosis is a disease of the slums. But TB knows no racial or class boundaries. **Toni Younghusband, The Star's Medical Repoter,** spoke to two middle class white women who contracted TB.

Grey-haired Mrs Molly Pretorius knew as much about TB as her friends and neighbours in the middle class mining town of Stilfotein — virtually nothing.

A retired office clerk, her only exposure to the illness was a regular letter from the South African National Tuberculosis Association asking for donations.

Then in July last year she fell ill. She and her husband were involved in a bad car accident and a few weeks later she suffered a breakdown.

"My health just went downhill from there. I was tired all the time and lost 26 kg in a very short while. I went to various doctors but it was only in October that a specialist in Pretoria diagnosed TB."

The diagnosis came as great shock to the Pretorius family who had always believed the disease only struck the poor and the dirty.

Mrs Pretorius was admitted to the Rietfontein TB Hospital in Johannesburg for prolonged treatment.

"I have been here since January and up until three weeks ago I was very sick. I felt very tired and weak, and vomited and coughed a lot, but now I am much stronger. The doctors have said I can go home this weekend," she said.

University student Ann Shaw (19) contracted TB meningitis in December last year.

She became very ill, suffering terrible back pain and headaches.

"I was always tired and felt very sick," she said.

An active sportswoman, Ann could no longer attend her weekly aerobics classes or swim or scuba dive.

Ann was admitted to a private clinic in Johannesburg where she spent the next month undergoing more than 100 blood tests and three lumbar punctures.

"The doctors couldn't find out what was wrong with me. The last thing they thought about was TB and looked for malaria, tick bite fever and encephalitis.

"Finally, my doctor gave up and sent me to the Rietfontein Hospital where they eventually discovered what was wrong," she told The Star.

By this time, Ann could no longer walk, her headaches had worsened and she was experiencing difficulty in speaking and seeing.

"They thought I might become brain damaged or paralysed. My left side had already become lame."

On April 5 she was discharged from hospital and is recuperating at her parents' home in Fairland.

"The last thing anyone expected me to get was TB. I live under good conditions and eat jolly well and before I became ill I was very fit and healthy."

A spokeswoman for Santa, Mrs Julia van Heerden, said there was still a lot of ignorance about TB, especially among the white population because they felt it would not affect them.

"It is obvious from these two cases that nobody is immune. We hope that South Africans of all races will become aware of the signs and symptoms of this disease so that it can be treated in time," she said.

Tuberculosis has reached epidemic proportions in some parts of the country and is responsible for at least 10 deaths daily, but if diagnosed early enough is treatable and curable.

For advice on TB, contact Santa at P O Box 10501, Johannesburg 2000, or telephone (011)-29-9636.

HEALTH GUIDE



CHAP members conducting a free clinic in Tsakane on the East Rand.

Parade to spotlight awareness of TB

Sowetan 19 5 89

THE Wattville Clinic will have a float parading through the streets of Actonville and Wattville tomorrow to create awareness of tuberculosis.

There were 459 cases of TB in Benoni in 1988; of these, 166 people died. TB of the lungs was most common (431); others contracted TB meningitis, TB of the glands, kidneys, bones, and spine.

The recent increase in TB cases is partly due to overcrowding.

"There is a great deal of overcrowding," said Mrs Sheila Eland, the senior community nurse of the clinic.

"People from the homelands are flocking to the towns. Some have had TB for some time.

"They then spread the disease in towns. Others default on treatment. There is a belief that TB is a form of witchcraft-*sejeso*. They seek help from a sangoma and later die.

"People are apprehensive about treatment because they have heard stories that TB patients swallow tons of pills. This is no longer true. There is a new drug on the market that is a combination of curative drugs.

"The maximum amount a patient can take is five pills a day. The number can be less depending on the weight of the patient," she said.

When a person visits a clinic because he thinks he may have contracted TB, a history of his symptoms is taken i.e. a persistent cough, loss of weight and night sweat even when the weather is cold.

X-rays and sputum are taken and if both are positive, treatment starts immediately. The very ill or destitute are transferred to hospital. Usually treatment lasts 120 days.

"We make home visits if a patient defaults treatment. If he persists, we take him to hospital. There is a possibility that a defaulter may build up resistance to the drug and be unable to get well," Mrs Eland said.

"TB can be cured unlike sugar diabetes or high blood pressure," she said.

Patients receive a ration of fat, mielie meal, beans and skim milk once a week. There are support groups to help them overcome the social stigma and ostracism of the society.

Santa to hand out warmth to TB children

By Thomas Kwenaite

The Atteridgeville/Saulsville South African Tubercolosis Association (Santa) Care Group, has, despite its limited funds, managed to purchase winter jerseys for children suffering from TB.

Santa Care Group will give the jerseys to the children on Thursday.

At the same time, the care group — concerned about the alarming spread of the disease in Pretoria — will seize the opportunity to embark on an educational project aimed at making the community aware of the causes and how to prevent this contagious disease.

"Unemployment in our area has reached frightening proportions and this could be attributed to the increase in the number of patients," said social worker Ms Della Mohashoa.

"TB is also rampant among people in the lower income group, those who are unable to buy the kind of food to fight the disease," she added.

NEGATIVE

Ms Mohashoa was also concerned about the lack on interest displayed by the community at large in some of their educational projects which aimed to highlight the causes of TB.

"The majority of our people just buy a ticket and never bother to attend the actual function.

"Granted, we are desperately in need of funds, but we truly do not need that kind of negative support.

"Our main aim is to raise funds, but it is important to increase awareness among the local community about TB."

Ms Mohashoa said they were negotiating with some of the country's pop stars to stage a concert in Atteridgeville with the hope of raising funds.

She also disclosed that negotiations are at advanced stage with a top NSL First Division club to play a friendly game and donate a certain percentage of the takings to their organisation.

FOCUS ON TB (91)

A PUBLIC awareness day on the causes and dangers of tuberculosis is to be held at the Masemola clinic in Sekhukhuniland, Northern Transvaal, on Thursday, a spokeswoman for the organisers, social worker Miss Georginah Malakalaka, announced yesterday. Sowetan 24/5/87

Tuberculosis decreasing, says doctor

Medical Reporter

The incidence of tuberculosis was decreasing throughout South Africa, Dr Barry Fourie, of the Research Institute for Environmental Diseases, said yesterday.

Speaking at a Medical Research Council press conference in Johannesburg, Dr Fourie said while some parts of the Western Cape were still experiencing a severe TB epidemic, there were clear indications that this was tapering off.

He said one of the possible reasons for the decrease was increased awareness of the disease among local authorities and the public, which helped with early identification of symptoms.

Vaccine was not 100 percent effective in combating the illness. Dr Fourie said it had shown a success rate of between 53 percent and 60 percent.

Northern Cape area is to get special stabilisation benefits

Political Staff

CAPE TOWN — The northern Cape border area would receive special benefits to "stabilise" the region, Constitutional Development and Planning Minister Chris Heunis said last week.

He said this would include a special grant of R9,69m to Eskom this year to extend the electricity supply in the region.

Government had launched specific and comprehensive actions in 1982 to ensure a stable and prosperous rural population on SA's borders.

"When agricultural and security circumstances justify it, the Designated Areas Act provides for special aid measures to support communities that often have to make a living under difficult circumstances."

Post offices set Christmas stamp record

By Paula Fray

Post offices on the Witwatersrand made record sales of R185 000 during the past South African Christmas Stamp Fund campaign from October to December last year.

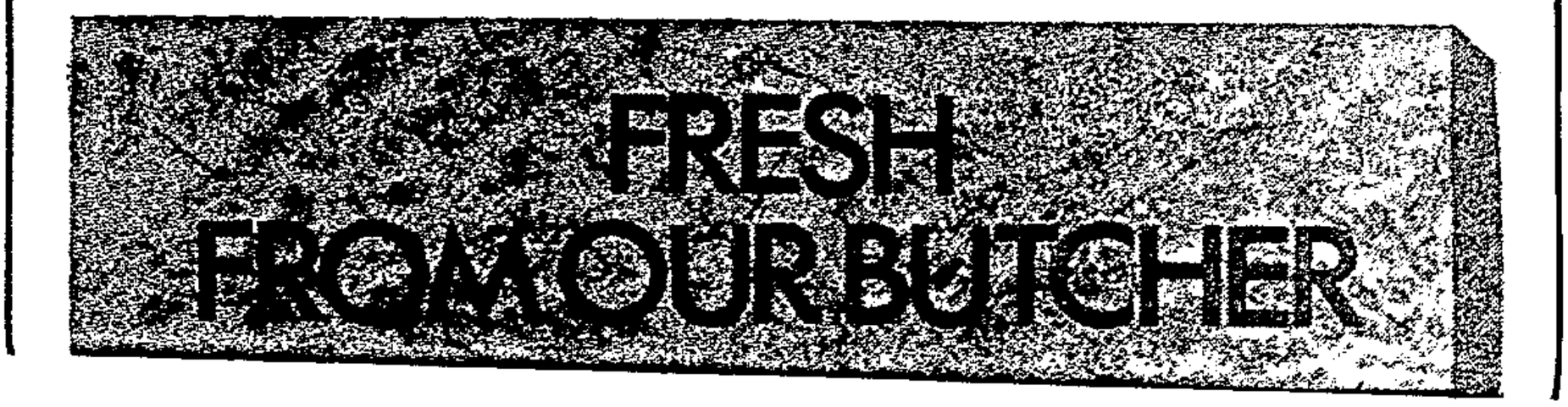
This was about R40 000 more than last year, members at the annual meeting of the Witwatersrand area committee were told. The funds are used for the prevention of Tuberculosis (TB) in children.

Witwatersrand chairman Mr Jacobus Laubscher said the 1988 campaign followed the highly successful 1987 campaign when R145 000 was raised.

Despite the present economic climate, a shortage of volunteers and the number of other charities also seeking donations, the fund still managed to surpass last year's total, he said.

The Witwatersrand committee last year donated R35 000 to the children's TB centre at the Charles Hurwitz in Baragwanath Hospital. The money will be used for renovations.

The national vice-chairman of the fund, Mr Hugo Smith, said it made a meaningful contribution to the fight against TB.



Warning on 'SA's TB disaster'

Star 28/9/89

By Toni Younghusband, Medical Reporter

(91)

The control of tuberculosis in South Africa was a total disaster because of incompetence, inefficiency and a lack of funding, Dr Theo Collins, a director of the South African National Tuberculosis Association (Santa) said yesterday.

Speaking at the launch in Johannesburg of a TB awareness campaign, Dr Collins said 60 000 new cases were identified officially, but he believed the true figure was nearly three times that.

He said part of the problem in combating TB was the fragmentation of health services, and the drainage of desperately needed funds as a result.

One of the ways Santa is trying to prevent the spread of the illness is to identify it in primary school children.

The tuberculosis bacillus was present in many young children, but remained dormant until their immune system was suppressed, Dr Collins said.

Diarrhoea a killer

CAPE TIMES 26/1/90 (90) (91)

By CLAUDIA KING

DIARRHOEA is still a major cause of death in South Africa, killing more than 10 000 infants each year, Dr Derek Yach, Director of the Medical Research Council Centre for Epidemiological Research, said this week.

Speaking at the University of Cape Town's Summer School, Dr Yach said that 50% of all infant deaths due to infectious diseases were caused by diarrhoea.

"In South Africa the incidence of diarrhoeal disease peaks every summer and yet there has never been a campaign to prevent these seasonal and unnecessary outbreaks," he said.

"Malnourished, very young children and a delay in seeking treatment result in a higher incidence of death."

A study on routes of transmission had shown that 35% of bottle teats, 22% of bottles and only 3% of mothers' nipples were contaminated. Babies who were not breastfed were 25 times more likely to fall prey to diarrhoea, he said.

"Tuberculosis is on the decline nationally, yet figures indicate a marked increase of new cases of the disease in the Western and Northern Cape," he said, adding that 5 000 people die yearly in South Africa from tuberculosis.

"Sixty thousand new cases are reported each year, although the incidence is probably higher."

Dr Yach said that people with Aids were more likely to get tuberculosis and that as the incidence of Aids rose, so would that of the other disease.

"There should be co-ordination of TB and Aids prevention."

damage to property, (i) housebreaking with intent to steal and theft and (j) possession of drugs were reported at each specified police station in the Cape Town police district in 1989?

B197E

The MINISTER OF LAW AND ORDER:

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Cape Town	20	21	243	346	39	503	701	352	1215	12
Camps Bay	—	—	12	26	7	5	45	27	152	0
Maitland	14	14	97	83	17	79	123	75	318	3
Milnerton	6	9	59	108	19	28	92	97	336	—
Pinelands	7	0	8	40	2	29	101	44	328	—
Sea Point	2	6	45	155	8	34	208	97	734	4
Kensington	12	2	166	148	26	42	49	136	129	2
Woodstock	17	7	118	216	18	111	294	243	824	48
Tableview	3	10	34	26	12	2	67	64	237	—
Melkbosstrand	—	9	6	7	0	0	0	0	35	0
Atlantis	61	14	452	531	89	147	74	744	436	14
Table Bay	11	0	72	23	2	8	9	35	70	4

Note: Because the South African Police is not satisfied with the crime situation in the RSA, crime tendencies are continously monitored. I wish to assure the honourable member that everything possible is being done to prevent crime. When it is apparent that there is an increase in crime, active steps are taken to counteract this tendency.

Wynberg police district: offences

78. Mr C W EGLIN asked the Minister of Law and Order:

How many cases of (a) murder, (b) culpable homicide, (c) assault with intent to do grievous bodily harm, (d) common assault, (e) rape, (f) robbery, (g) theft of vehicles and cycles, (h) damage to property, (i) housebreaking with intent to steal and theft and (j) possession of drugs were reported at each specified police station in the Wynberg police district in 1989?

B198E

The MINISTER OF LAW AND ORDER:

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Wynberg	10	8	48	141	14	81	170	120	378	2
Fish Hoek	20	8	144	146	12	23	65	154	392	—
Simonstown	—	5	22	34	2	7	9	16	53	—
Rondebosch	—	2	26	40	3	27	260	44	424	—
Muizenberg	2	7	147	111	22	49	116	78	372	6
Mowbray	—	14	12	51	2	34	137	32	290	2
Hout Bay	14	4	125	96	20	23	31	72	234	—
Diepriver	2	10	38	102	9	41	182	60	539	—
Claremont	3	9	58	137	5	33	511	135	767	2
Steenberg	30	2	424	394	63	184	165	418	414	—
Kirstenhof	2	12	137	75	9	30	133	104	410	2

Note: Because the South African Police is not satisfied with the crime situation in the RSA, crime tendencies are continously monitored. I wish to assure the honourable member that everything possible is being done to prevent crime. When it is apparent that there is an increase in crime, active steps are taken to counteract this tendency.

HOUSE OF ASSEMBLY

Vaal Triangle/Eastern Transvaal Highveld: pollutants

148. Mr C B SCHOEMAN asked the Minister of National Health and Population Development:†

(1) (a) What pollutants occur in the air of the Vaal Triangle and the Eastern Transvaal Highveld and (b) in what concentrations do these pollutants occur;

(2) whether, with a view to the protection of human health and plant life; scientifically based levels of pollutants that may not be exceeded have been determined; if not, why not; if so, what levels;

(3) whether the present levels of these pollutants in the atmosphere in the Vaal Triangle and Eastern Transvaal are lower than the maximum permissible concentrations that have been so determined;

(4) whether her Department has inspectors that monitor industries in order to ensure that the conditions in respect of the release of pollutants are complied with; if not, why not; if so, what mechanisms are there in this regard?

B362E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) Mainly oxides of sulphur and nitrogen, hydrocarbons, smoke, metal-oxide dust and many lesser pollutants;

(b) not all concentrations are measured at all stations. It is impossible to supply all concentrations for all measuring sites, due to the large amount of data available.

As an example sulphur dioxide concentrations are quoted as ranging between 3,4 and 15,9 parts per billion as annual mean.

(2) yes, a list of maximum allowable concentrations are available. Some more important ones are listed below.

Annual mean:

— Sulphur dioxide: 30 parts per billion
— Nitrogen oxides: 200 parts per billion
— Ozone: 10 parts per billion
— Suspended particulates: 150 microgram per cubic metre
— Smoke: 100 microgram per cubic metre.

Monthly mean:

— Lead: 2,5 microgram per cubic metre

(3) yes, for about 99% of the time;

(4) yes, regular inspections and measuring of emission and ambient concentration levels.

Persons: HIV positive

156. Mr M J ELLIS asked the Minister of National Health and Population Development:

How many (a) White, (b) Black, (c) Coloured and (d) Indian persons tested HIV positive in 1987, 1988 and 1989, respectively?

B375E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

The latest available information as at 30 October 1989. Information is not available regarding the respective years.

(a) Whites	956
(b) Blacks	907
(c) Coloureds	91
(d) Indians	10

Unknown population group 432.

Tuberculosis

157. Mr M J ELLIS asked the Minister of National Health and Population Development:

(a) How many cases of tuberculosis were reported in each province in 1989 and (b) how many (i) cases of tuberculosis were hospitalized, and (ii) tuberculosis patients died, in each province in that year?

B376E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) Notifications for the reporting period during January to December 1989. It should be noted that "cases" of tuberculosis refer to notified instances of contact, not patients or people. Repeat notification of individuals per annum is thus possible. The following information is furnished as at 5 March 1990.

HOUSE OF ASSEMBLY

Cape	29 159
Natal	10 176
Orange Free State	3 568
Transvaal	14 953

(b) (i) complete information is not yet available regarding the data for 1989. The following information is as at 28 April 1989 and is included in the reply to Question 420 of 1989,

Cape	9 639
Natal	9 447
Orange Free State	2 773
Transvaal	10 283

(ii) notified deaths,

Cape	1 171
Natal	59
Orange Free State	36
Transvaal	644

Aids information programme

158. Mr M J ELLIS asked the Minister of National Health and Population Development:

Whether the Government has given consideration to the implementation of an Aids information programme for use in schools; if so, (a) who is to devise such a programme, (b) when is it to be introduced into schools and (c) in which schools or categories of schools is it to be used; if not; why not? B377E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Yes,

(a) programmes are being devised by all education authorities in collaboration with the Department of National Health and Population Development,

(b) as soon as it has been finalised,

(c) to be decided by the relevant educational authorities.

Neo-natal deaths

179. Mr M J ELLIS asked the Minister of National Health and Population Development:

What is the most common cause of neo-natal deaths amongst (a) Whites, (b) Coloureds, (c) Indians and (d) Blacks in (i) urban and (ii) rural areas? B440E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Information regarding separate figures for urban and rural areas are not readily available. Information is available for 1987 only. Prematurity and low birthweight are the causes of 47,7% of all neo-natal deaths. The percentage for the various population groups is as follows:

(a) Whites	33,7%
(b) Coloureds	50,5%
(c) Indians	53,2%
(d) Blacks	48,0%

Strikes

205. Mr P H P GASTROW asked the Minister of Manpower: B485E

(a) How many strikes occurred in 1989, (b) in how many cases did the strikes arise out of wage demands and (c) what were the main causes of the remainder of the strikes?

The MINISTER OF MANPOWER:

(a) 738
The Department of Manpower only keeps record of strikes which have to be reported in terms of the Labour Relations Act, 1956.

(b) 267
The figures furnished are for strikes and workstoppages as separate figures are not kept.

(c) Working conditions
Disciplinary measures
Wages and other matters
Trade union matters
Other or unknown

Note:

The figures furnished are for the period 1 November 1988 until 31 October 1989.

Own Affairs:

Land transferred to White farmers

27. Mr A A B BRUWER asked the Minister of Agricultural Development:†

(1) Whether any land has been transferred to his Department by the Department of (a) Development Aid and (b) Public Works and Land Affairs with the view to making it available to White farmers; if so, (i) how many hectares (aa) have been transferred and (bb) are still to be transferred by each of these Departments, (ii) what pieces of land are involved and (iii) in respect of what date is this information furnished;

(2) what procedure is followed in allocating land that is again made available to White famers;

(3) whether the political affiliations of persons applying for such land play a role in the allocation thereof; if so, to what extent? B248E

The MINISTER OF AGRICULTURAL DEVELOPMENT:

Reply bound in Annexures of House — *see* M/205–1990

Group Areas Act: permits for Hillbrow

33. Mr L FUCHS asked the Minister of the Budget and Local Government:

Whether his Department received any applications for permits in terms of the Group Areas Act, No 36 of 1966, in respect of (a) business and (b) residential premises in the Hillbrow constituency in 1989; if so, (i) how many such applications had been (aa) granted and (bb) refused as at the latest specified date for which information is available and (ii) what were the reasons for (aa) granting and (bb) refusing each application? B293E

The MINISTER OF THE BUDGET AND LOCAL GOVERNMENT:

Statistics of applications for permits per constituency are not kept. For the area known as Hillbrow the situation since taking over the function on 21 July 1989 to 31 January 1989 is as follows:

(a) Yes.

(i) (aa) 2.

(bb) None.

(ii) (aa) and (bb) Each application is considered on merit in terms of the provisions of section 21(2)(a) of the Group Areas Act, 1966.

(b) Yes.

(i) (aa) 10.

(bb) None.

(ii) (aa) and (bb) Each application is considered on merit in terms of the provisions of section 21(2)(a) of the Group Areas Act, 1966.

MP releases SA TB figures

IN South Africa last year 57 856 tuberculosis patients were reported, of whom 32 142 were hospitalised and 1 910 died, Minister of National Health and Population Development Dr Rina Venter said yesterday.

Replying to a question from Mr Mike Ellis (DP, Durban North), she said provincial figures (reported, hospitalised, deaths) showed the Cape leading (29 159, 9 639, 1 171), followed by the Transvaal (14 953, 10 283, 644), Natal (10 176, 9 447, 59) and the Free State (3 568, 2 773, 36). — Sapa

TB kills 10 a day — call for more use of X-ray units

AR645 12/4/90 (91)

The Argus Correspondent

JOHANNESBURG. — Each day at least 10 people die from tuberculosis in South Africa, although the disease can be cured.

While fewer than 300 Aids deaths in the past seven years dominated headlines, TB killed 28 000.

The crucial difference between the two diseases is that TB is curable, while Aids is not. TB remains the No 1 killer infectious disease. And each victim is estimated to have contact with at least 32 people a day.

Santa (South African National Tuberculosis Association) fights against TB, notably through its mobile X-ray units, to expedite detection, treatment and recovery. If discovered soon enough TB patients can be treated without giving up normal activities, including jobs.

A spokesman for Santa said the lack of response to its mobile units was causing "grave concern".

On average 16 000 people were screened and 37 positive cases detected every month.

"No one is exempt from TB. It may affect some people more easily than others, but no one — repeat, no one — is exempt," Santa said.

Santa believed the poor response to the X-ray service was due to whites who believed they were exempt and blacks who complained that the necessity for visiting was not properly explained.

Other complaints:

- Dismissal from their jobs if they had TB;
- Being forced to go to the X-ray unit against their will; and
- Whites were not compelled to be X-rayed.

Strikes

Added complications have been strikes and stayaways which caused cancellation of the unit's visits.

Santa said many people believed the war against TB had been won with the development of the anti-TB drugs and vaccine. However, the total decrease in the number of new cases over 25 years had been minimal.

Public apathy over TB causes concern

By Carina le Grange

Each day at least 10 people — and sometimes as many as 20 — die from tuberculosis in South Africa, even though the disease is curable.

While less than 300 Aids deaths over the last seven years dominate the headlines, TB claimed 28 000 lives in the same period without an outcry.

The crucial difference between the two diseases is that TB is curable, while Aids is not. As the most important infectious disease in the world, TB remains the number one killer infectious disease. And each TB-positive person is estimated to have immediate contact with at least 32 people daily.

But there is also an important similarity between TB and Aids: neither respects class or race.

Santa (South African National Tuberculosis Association) is in the forefront of the fight against TB. Its mobile x-ray units screen large amounts of people in order to detect the disease early.

If detected soon enough, a person with TB can be treated without giving up normal activities — including jobs.

However, a spokesman for Santa says the lack of public response to visits of its x-ray units is disturbing.

On average, 16 000 people of all race groups are screened each month and 37 cases of the disease are detected.

"No one is entirely exempt from getting TB. TB may affect some people more easily than others, but nobody is entirely exempt, says Santa.

Reluctance

Unfortunately, many whites believe they are safe from the disease and need not be screened. The reluctance of blacks to undergo screening is due to a number of factors:

- The necessity for making use of the x-ray service is not fully explained to them.
- Fear of dismissal if they are found to have TB.
- Often they are forced to visit the x-ray unit against their will.
- The fact that whites are not compelled to be x-rayed.

An added complication has been strike action and stay-aways which have resulted in cancellations of the unit's visits to various places.

Santa says many people believe the war against TB has been won with the development of the anti-TB drugs and vaccine. However, the total decrease in the number of new cases over a period of 25 years have been minimal.

According to official statistics, there were 66 701 new cases of TB in 1964. This dropped to 59 340 in 1974, and 58 898 in 1989 — but the latter figure excludes the homelands and therefore understates the incidence of TB in South Africa.

Santa has called on employers, unions and workers to make use of the mobile x-ray unit, and asked: "How can industry and commerce afford not to ensure that their management and work force are x-rayed?"

(Visits by the x-ray units can be booked through Mrs Erika Duffton at tel (011) 337-7117/8 or (011) 337-7144/5).

TB is still a killer in SA

(91)

Tuberculosis accounts for more than 16 lives in South Africa a day and over 60 000 new notifications annually.

These figures were given at the start of Santa Time (April 28 to May 12) aimed at educating people about the disease. In a report the South African National Tuberculosis Association (Santa) said the tragedy of "this horror was that TB is curable."

Many researchers have blamed socio-economic factors for the prevalence of TB which is reportedly rife in the Western Cape and poverty-stricken areas.

Sowetan 4/5/90

Symptoms

A Santa spokesman listed the symptoms as: persistent cough, tiredness or weakness of the whole body, loss of weight, loss of appetite, night sweats, pains in the chest, blood-stained sputum and breathlessness.

If any of these symptoms are present the suspect should be referred to the nearest clinic. It follows therefore that an awareness of the signs and symptoms of the disease, referral of an affected person to the clinic is vital.

Santa said it wanted all employers to be informed about the disease so that once an employee received treatment, within 48 hours he would no longer be infectious.

On a domestic level women could disseminate information on TB - to their staff, members of their families and the community in general.

Stigma

Educationists could teach the cultivation of vegetables to society which promote nutritional intake the body needs. They could also help in breaking down the stigma attached to this disease by stressing that it can attack anybody.

TB deaths increase in Paarl area

PAARL. — Deaths from tuberculosis appear to be on the increase in this area.

SA National Tuberculosis Association officials said 50 people died of the disease last year (almost double the 1988 figure) while 647 new cases were reported.

In 1988 about 800 new cases were reported.

About 60 000 new cases are reported nationally each year. — Sapa

Fighting against killer disease

South 17/5 - 22/5/90

91

Ten people die of TB every day

In Elsies River, one of the most poverty-stricken townships of the Cape Peninsula, people are dying of Tuberculosis, a curable, preventable disease. REHANA ROSSOUW went to the township to find out why this is happening and what is being done to counter the scourge:

TUBERCULOSIS is a killer disease which can be stopped, but very few people appear to care enough to do something about it.

It kills at least 10 people a day in South Africa — more than any other infectious disease.

Over 28 000 people have died of TB in the past seven years. And every sufferer is estimated to have contact with at least 32 people a day.

Despite the development of anti-TB drugs and vaccine, the total decrease in new cases over the past 25 years has been minimal.

According to official statistics there were 60 000 new cases in 1989. This figure excludes the homelands.

In the Cape Peninsula, Elsies River is the worst-hit area. Official figures for 1989 indicate 814 cases of TB in the population of 100 000. Health workers discover new cases every day.

"Why? That's easy to explain — the socio-economic conditions in Elsies River is the worst in the Peninsula," said the South African National Tuberculosis Association's Sister Dulcie Erasmus, project manager for Santa's operation in Elsies River.

"The area is terribly over-populated and the housing conditions are very poor.

"But the most important factor contributing to the high rate in the area is the fact that people do not complete their treatment."

TB spreads in Elsies River's overcrowded houses, flats and schools. It is not unusual in the area to find more than 20 people living in a two-bedroomed flat or families sleeping under skimpy shelters in backyards.

A breeding ground is created in the filthy township where stress levels are high because of factors like unemployment and low wages and there is poor environmental hygiene and rampant malnutrition.

People found to have TB are put on a six-month course of treatment which has to be completed to build their bodies' resistance to the disease.

Symptoms

Unfortunately, most people stop taking the medication after a few months when the worst symptoms disappear.

This decreases the cure rate and increases the risk of infecting others. Within 24 hours of taking the medication, the patient is no longer infectious.

Santa's objective in Elsies River is to encourage, motivate, educate and support sufferers to continue their medication.

A team of 12 health educators are working in the area and give all-round health education to the community.

"Our major task is to keep the patient on the treatment and we recruit and train volunteers to assist with this task," said Erasmus.

"The volunteers, who are the patients' neighbours or relatives' care for them and give support and education to encourage them to finish the course of treametment."

Another factor preventing the detection of new cases and hampering the completion of treatment is the stigma attached to TB.

Even in a poor community like Elsies River, TB sufferers are seen as those who are unable to feed their families' properly or live a decent life.

People believe that once they are diagnosed, they can no longer work.

"This is not true. Unless a doctor believes the patient needs rest, they can work while they are undergoing treatment," said Erasmus.

"Even if the doctor decides they are physically ill and prescribes rest, Santa workers will speak to the employer and ensure the patient isn't fired."

Erasmus stresses that anybody can contract TB, irrespective of class or colour. As long as a person's resistance is low, they are prone to contracting the disease.

Santa does not offer free treatment, except at schools where their focus is building resistance, not curing. The six-month course of medication is available free of charge from the local authority's clinics.

On Tuesday this week health educators from Santa went to schools to check pupils' resistance to TB.

The pupils had been given a skin test three days before and a slight swelling below their left elbows would indicate whether they were susceptible to the disease.

'I'm scared we'll all die here'

South 17/5-22/5/90 (91)

SEVEN-year-old Peter de Wet of Elsies River has TB.

His father, Mr Johannes de Wet, also has the disease and probably passed it on to his son.

Peter's mother and two brothers will also contract TB unless steps are taken to prevent it.

The De Wet family could easily pass the TB bacteria to each other because they live in a small truck canopy.

"We have been living like this for five years now. My name is on the waiting list for a house but every time I check they say there is nothing for us," said Mrs Hendrika Hare, Peter's mother.

"I have two other children but they are living with relatives in Matroosfontein and Retreat because there is no place for them inside the canopy."

The canopy, in the backyard of De Wet's mother's house, is covered by a tarpaulin to keep out the rain and has no windows or floor.

Single bed

Inside, a single bed and a wardrobe take up most of the floor space.

Boxes under the bed are used as storage for the family's clothing and a converted outside toilet is used as a kitchen.

Hare, her husband and two younger children aged seven and four sleep on the single bed.

"My other son now sleeps inside the house because the rats kept biting him during the night," Hare said.

"Peter was in hospital for six months because of TB and my husband almost lost his job.

"But when I went to the rent office with medical records to show that we couldn't live like this any more, they still said there was nothing they could do."

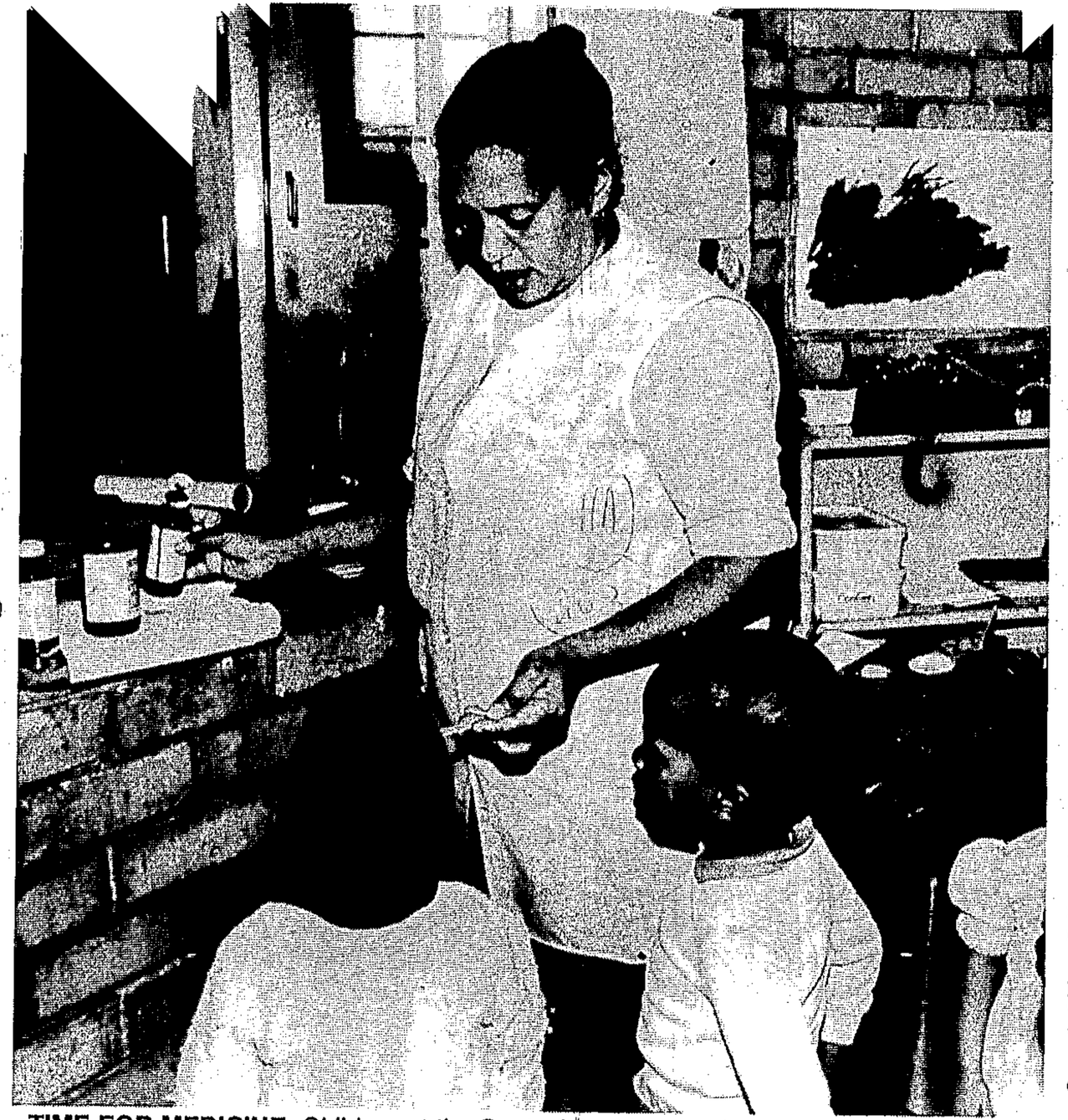
Hare said all her children were coughing violently and some nights kept the entire family awake. They were all taking medication daily.

The canopy was hot and sweaty in summer and cold and damp in winter, she said.

"This is really no way to live. I'm scared we will all get so sick that we will die in here," Hare said.

"I can't rear my children properly. They are getting older but they still share the same bed as their parents."

Santa workers said they reported the family's plight to the Inspector of Health a year ago, but nothing had been done to improve their standard of living.



TIME FOR MEDICINE: Children at the Santa Sunshine creche get their daily dose of medication

The Santa workers, in their neat blue-striped suits, went from class to class checking pupils.

Children indicating that they were at risk of contracting TB would be treated at school, under the supervision of their teachers.

Medication would be administered every school day for three months to build their resistance to TB.

At Matroosfontein Primary, Santa worker Mrs Soraya Fisher checked pupils in the Std 1 class.

She told pupils afterwards that none of them had TB.

"We are only checking to see whether you could get it," she told them. "I don't want any of you saying your friends have TB."

Losing battle

Santa's battle against the killer disease in Elsies River is far from over. Erasmus believes it is a battle they can win — on one front at least.

"We are fighting a losing battle if we try to upgrade the poor socio-economic conditions or improve the health status of Elsies River," she said.

"All we can do is make recommendations to the relevant authorities, but the government is the only body which can upgrade the area.

"But our battle against the defaulting rate is one we can win, if the community works with us.

"We can limit the rate at which people infect others in the area. The more work we do in the area, the more cases we uncover.

"Our battle is to get our patients to complete their treatment."

The Santa workers have set a target to stabilise the defaulting rate in Elsies River by October 1991.

Scourge of poverty and malnutrition

TUBERCULOSIS is caused by bacteria called Mycobacterium Tuberculosis.

South 17/5-22/5/90

The germs are in the saliva of TB sufferers and spread in the droplets coughed, sneezed or exhaled by the sufferer and inhaled by healthy people.

(91)

Weak or malnourished people can develop TB after infection.

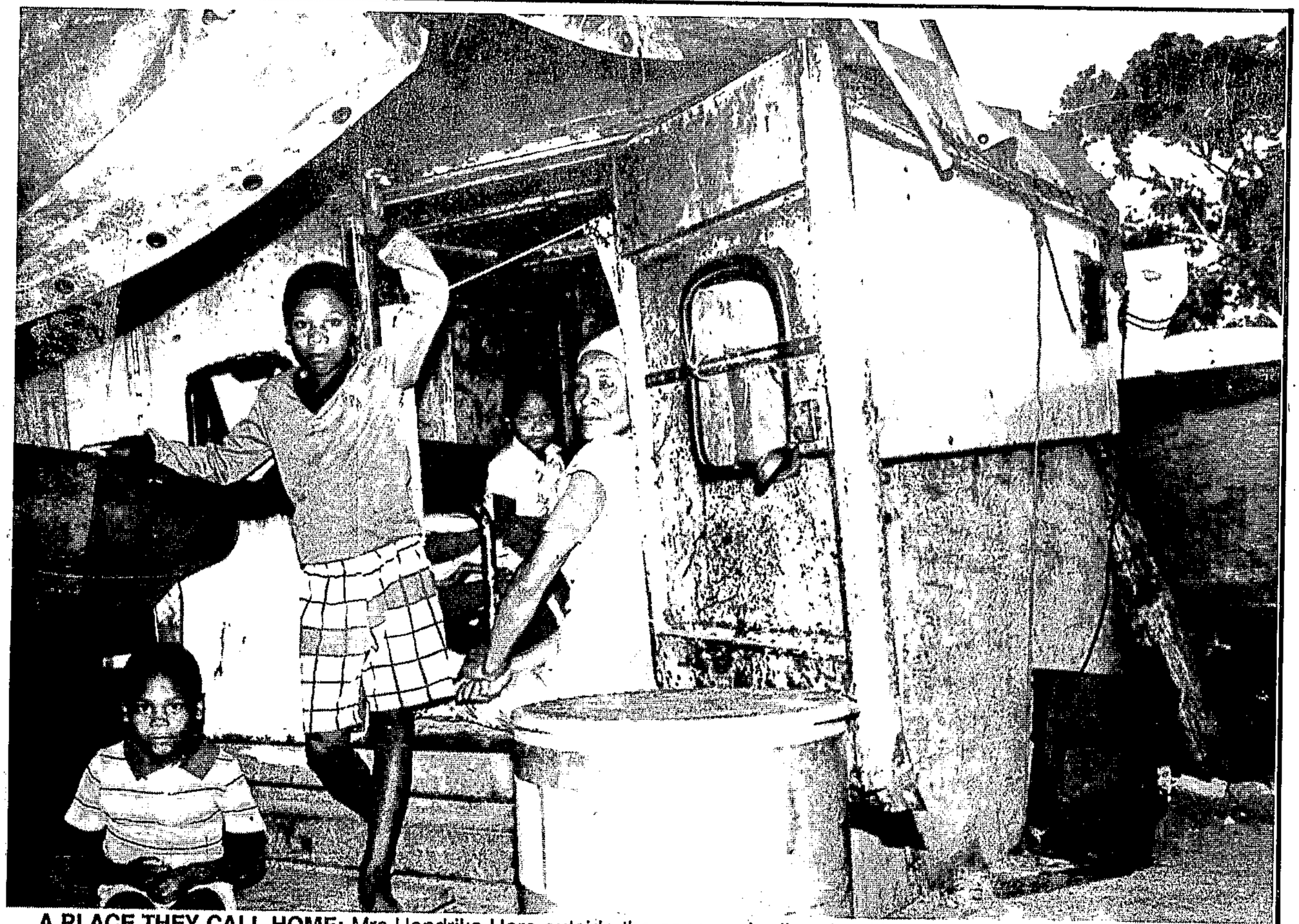
The disease can occur years after infection, as the germs sometimes remain dormant in the body.

TB usually takes the form of lung destruction of varying degrees.

The symptoms include coughing, loss of weight, night sweating, loss of appetite, breathlessness, chest pains, general tiredness and coughing up of blood.

If untreated, diseased people can spread the germs to others who have contact with them. The sick person can eventually die or become crippled for life because of destroyed lungs.

TB patients taking their treatment are not infectious and are no danger to anyone.



A PLACE THEY CALL HOME: Mrs Hendrika Hare outside the canopy she lives in with her husband and three children

Sunshine creche a haven for sick children

Sowth 17151-245190

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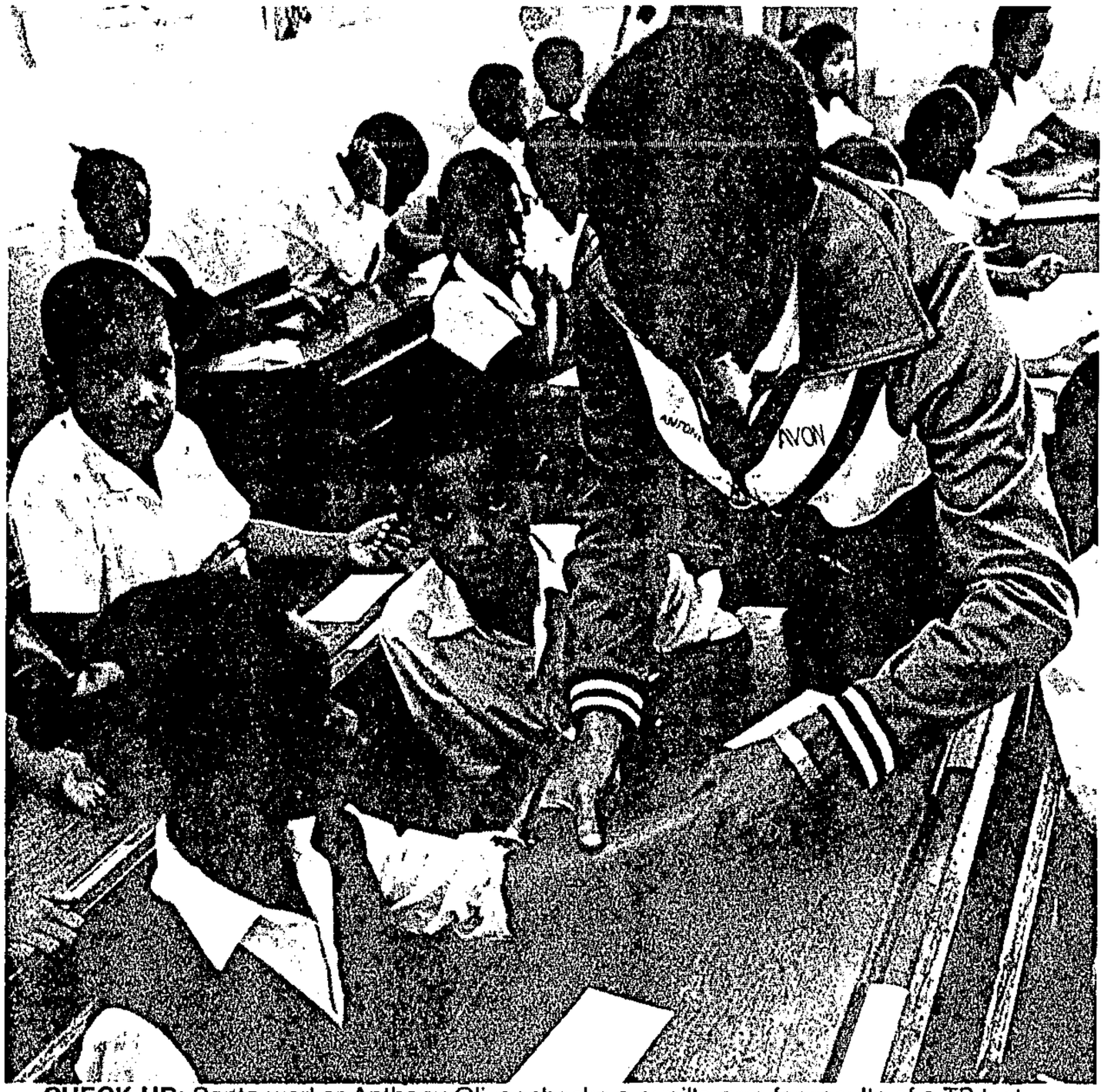


CHECK-UP: Santa worker Anthony Oliver checks a pupil's arm for results of a TB test

IT looks like an ordinary creche, only better equipped than most in the sprawling township of Elsies River.

What makes Santa's Sunshine Creche in Hereford Road different is the frequent sound of dry, hacking coughs as tiny chests heave for breath.

Here 74 children with TB or at risk of contracting the disease from family members are cared for and treated.

They attend the creche until the blots on their lungs disappear and are kept for another three months to strengthen them.

Children from as young as six months are cared for at the creche.

After their 10am snack the children queue patiently for their medication, grimacing as the bitter tablets are washed down with water.

Some children receive four tablets a day, while others in remission are given only a vitamin syrup to build their resistance.

"A lot of the children are badly malnourished and are on treatment to strengthen their bodies," said Santa's project manager in Elsies River, Sister Dulcie Erasmus.

"Quite a few of the children's mothers cannot cope financially and we ensure they get a good meal every day."

The Sunshine Creche accepts only referrals from the local clinics.

"Once their treatment is completed, we send the children back home to be cared for or to their previous day-care centres," Erasmus said.

"But if our committee finds the conditions at home have not improved, we will keep the child a bit longer.

"Our health educators work with the families to improve the conditions at home."

Tuberculosis at 'epidemic levels' in western Cape

91.

Sday 18/5/90

DANIEL FELDMAN

TUBERCULOSIS had reached "epidemic proportions" in the western Cape, SA National Tuberculosis Association (Santa) spokesman Julia van Heerden said yesterday.

The disease, she said, killed an average of 16 people a day in SA.

She estimated that 100 000 new active cases of the disease (easily detectable and curable) occurred each year, but only 60 000 of these were identified and notified. This meant approximately 220 of every 100 000 South Africans had active TB.

In the western Cape, an average of 459 per 100 000 people had active TB, Western Cape Regional Services Council assistant medical officer Dr Maurice Hennink said. In some areas of the Western Cape, such as Elsies River, the per capita TB rate had gone up to over 800 per 100 000.

More than 5 600 new cases were reported in the western Cape in 1989 — a 10% increase in notified cases from the previous year.

While he did not know what had caused the outbreak, he said it could have been "a reflection of conditions 25 years ago when TB was originally contracted but which lay dormant in the bodies until now". The region itself might also be to blame.

Van Heerden said an estimated 10-million South Africans had been exposed to the germ, but the majority of these cases would remain dormant.

She advised anyone with pulmonary problems, such as a continuous cough, or loss of weight and lethargy, to go to a clinic for testing.

Tuberculosis had often been linked to socio-economic causes, as dormant cases could be activated by improper nutrition, low resistance and stress. However, Van Heerden stressed that it crossed all racial, cultural and gender boundaries.

A worldwide rise in TB was expected because as AIDS sufferers had been found to be highly susceptible to pulmonary tuberculosis.

The World Health Organisation reported that tuberculosis was the fifth most fatal disease in the world, killing approximatley 3-million people last year. It followed cardiovascular diseases, diarrhoea, cancer and pneumonia.

Treatment of TB costing SA R150-m

Sowetan 14/6/90

(91)

THE treatment of tuberculosis is costing South Africa more than R150 million a year, says Dr Margaret Westaway of the Medical Research Council.

Because of that problem, she has called on voluntary health workers to supervise the treatment of TB cases in order to reduce the costs.

Westaway spoke to *Sowetan* about the relationship between socio-economic factors and TB.

She said TB was on the increase in squatter and crowded areas such as the Western Cape. As a result a study aimed at collecting all information on the area was underway.

It is being undertaken by Dr B Fourie of the Tuberculosis Research Institute and Dr J Seager of the Centre for Epidemiological Research.

Incorporated in the research will be the study of AIDS.

The acting director of the MRC in Pretoria, Dr Maureen Megregor, said there were about 10 deaths daily in South Africa as a result of TB and something urgent needed to be done.

She said the MRC was trying to manufacture new drugs that would have a 100 percent success rate.

Rifabutin, a drug manufactured recently, was promising to achieve the desired success.

According to statistics the incidence of TB rose from 43 per 100 000 in 1921 to 372 per 100 000 in 1963, after which it started to decline to 172 per 100 000 in 1988.

A problem facing health institutions is the increasing number of patients who skipped treatment.

Between 1985 and 1988 estimated cure rates declined from 78 percent to 74 percent, with a corresponding rise of so-called absconders from 16 percent to 21 percent.

Westaway said the social science department was concerned with people who resisted treatment.

"We are not only interested in finding new TB cases, but we want to explore their knowledge and attitudes towards TB. We also want to destroy the stigma around the disease and those suffering from it," Westaway added.

Pulling in the net on tuberculosis

(91) Star 18/6/91

It is curable and preventable, but thousands die from it annually in South Africa.

The disease is tuberculosis, widespread in spite of sophisticated drug treatments and vaccines that should eradicate it.

Anti-tuberculosis campaigners hope to involve a wide range of South Africans in fighting this deadly — but curable — disease. **CARINA LE GRANGE** reports.

The official figures for 1988 (the latest available) show there were more than 60 000 new TB notifications — excluding Transkei — during the year. But doctors working in the field believe the real figure is double that.

The official annual death toll is 4 000 but, once again, doctors say probably more than 20 deaths a day bring it to at least 7 000 deaths.

The SA National Tuberculosis Association (Santa) says up to 250 000 people require treatment every year.

For the lucky, in whom TB is detected early, little disruption of life is necessary: once treatment is started, the sufferer is no longer infectious and can continue work and live in the community. For others, diagnosed when TB is at an advanced stage, they may be "cured", but many will continue their lives as respiratory cripples.

No wonder Santa's commitment is to stress prevention, and now includes a major campaign to involve industry and commerce through an education programme.

Understanding

SANTA's own programmes, using voluntary workers and health educators, provide not only TB health education, but also socio-economic aid.

Where commerce and industry are drawn in, says Julia van Heerden of Santa, co-operation and understanding are reached in up to 99 percent of cases.

"We have health educators speaking to the employees, but they achieve nothing if management is not reached as well. There is still a stigma attached to getting TB. In industry, many people are still fired when they get TB because people do not realise it is no longer infectious once treated."

She says Santa has a "mammoth task", does not have the manpower or resources to do all that is necessary and needs management in commerce and industry to come to its aid.

Ms van Heerden says a new plan of action is to get high-profile people in Parliament, industry and the social scene involved to "nag the authorities, help with job-creation projects".

The first to offer to help was heart pioneer Chris Barnard.

Complaining TB patients 'discharged'

From BULELWA PAYI (91)

GRAHAMSTOWN. — About 25 tuberculosis sufferers were discharged from the Winterberg Santa centre in Fort Beaufort after demanding an improvement in their diet.

South 21/6 - 27/6/90

A spokesperson for the patients, Mr Kholisile Sdandala of Queenstown, said South African Police were called to the hospital to take the "unofficially discharged" patients to their homes outside Fort Beaufort.

Earlier, members of a committee elected by patients met with the hospital authorities on issues affecting the patients and the hospital administrator.

Sdandala said patients were fed with liver from Australia, "shipped from their harbour in July last year" but found to be healthy by a health inspector called to examine it.

"When this liver is served on plates it is green in colour, tasteless and crumbly," he said.

The hospital's administrator, Dr Jack van Vuuren, dismissed the claims as untrue but confirmed that two patients from Queenstown were discharged because they had been "unreasonable", "aggressive" and had "a disruptive influence" on the hospital.

He claimed six other patients had requested to go home. — *ANA*

From PATRICK GOODENOUGH

Aids threatens to wipe out Natal

CITY PRESS, July 8, 1990

Zulus must 'cut down on sexual partners'

By S'BU MNGADI

KWAZULU'S Health Minister, Dr Frank Mdlalose, has made a shock plea to Zulus to cut down on sex partners, but it is likely the call will fall on deaf ears.

Mdlalose's call comes in the wake of revelations by his department in March this year that there were possibly 90 000 HIV positive cases in KwaZulu.

This week KwaZulu's Secretary of Health, Darryl Hackland, said the KwaZulu-Natal region "probably" had the highest Aids rate in South Africa.

In his policy speech to the KwaZulu Legislative Assembly, Mdlalose said in a year's time 120 000 people in KwaZulu could be affected and that unless the attitude towards sex changed, the nation would be destroyed.

He said this would happen unless there was a return to the old tradition in which sex was confined to marriage.

"There is still time to slow down the rate at which our people are becoming infected and even reverse it," he said.

His advice for young people was: "Hold your sexual horses until you are mature."

He said he could only discourage promiscuity, but not stop sex altogether. "If the disease was related to eating mealie meal or to drinking tea, how would you ask people to give it up? So all I'm saying is: have sex, but with only one person."

His words are, however, somewhat dampened by the findings of the most recent survey on sexual trends in KwaZulu.

Nomsa Ndaba, a top researcher at the centre for social research at the University of Zululand, has revealed her findings which were recently submitted to the Human Sciences Research Council.

"It's a joke to think that a Zulu male can be monogamous – this is just not possible. My research, done on a wide cross-section of the KwaZulu male population, shows conclusively that monogamy does not exist. Theoretically it may exist in the more urban set-up where a man has only one legal wife. But, rest assured, he will almost certainly have one mistress.

"It is so disturbing to find that the concept of Aids has not even begun to filter through to rural Africans. The name for sexually transmitted disease in Zulu is 'Isifo samasoka' which literally translated means 'disease of a man who is popular with many women'.

"I have found that a sexually transmitted disease is a source of pride in rural men because it proves their virility."

Millions of Africans could die in next eight years

By S'BU MNGADI C Press 8/7/90 (91)

AIDS is raging through Natal like a veldfire and threatens to wipe out the province's African working-age population.

While ignorance and mistrust fan the spread of the disease, the SA Government is ill-prepared to stop its spread.

A recent study says that within eight years 18 percent of all Africans between the ages of 15 and 60 will be HIV-positive and half of them will die.

Already one in every 100 black South Africans has Aids and the figure is doubling every six months, according to the study.

Released by the Democratic Party's Health spokesman and MP for Durban North, Mike Ellis, the study concluded Aids could profoundly affect SA's economic development.

Current test results at pre-natal clinics dealing with African patients show that 1,72 percent are HIV-positive in Durban, 1,03 in Johannesburg and 0,97 in Cape Town.

Blood-bank findings on African females are shocking – of 580 000 women tested between 1988 and 1989 HIV-positive donors went from 0,11 percent to 0,48 percent. Of 1,1-million white female donors tested, 0,0034 tested positive in 1988, 0,0036 from January to June last year and 0,0032 for the last half of the year.

None of the 270 000 Indian women donors tested positive during this period, and 0,03 percent to 0,04 percent white males tested positive.

The Aids Advisory Group this week supported the study when it revealed that eight nurses, four health workers, 118 school pupils and 10 school-teachers in the Natal/KwaZulu region tested positive.

Professor Dennis Pudifin, Natal's representative of the AAG, said the infected people had been identified by the Natal Blood Transfusion Services (NBTS) during their routine donor and blood testing operations.

He said two-thirds of the cases were picked up by various doctors, hospitals and clinics while the other third was picked up by the NBTS.

According to Pudifin, there were now 2 000 HIV-positive cases in Natal, 300 of whom were identified between April and June.

According to figures released in April this year, more than one in 10 African girls between the ages of 15 and 19 who visited the King Edward VIII hospital were HIV-positive.

Most of the girls were expected to develop full-blown Aids within the next few years.

Eleven percent of women between the ages of 20 and 25 were infected. Among men, the highest figure – 7,5 percent – was recorded in the 25 to 35 age group.

"One reason for the higher incidence among young women could be because the anatomy of women allows them to hold secretions longer," said Dr Isobel Windsor of the University of Natal Medical School.

Overall 3,6 percent of people attending the STD clinic were HIV-positive.

The rapid spread of Aids in Durban has been blamed on Malawian truck drivers who deliver and collect goods there.

The study found that in a Malawi pre-natal clinic 34 percent of their patients were HIV-positive.

In the case of one firm of Malawian truck drivers, tests showed that 48 out of 52 drivers were HIV positive, and 112 out of 227 of Durban-based truck drivers who drove the Malawi route also tested positive

Late last year six percent of Durban's prostitutes were found to be Aids carriers and 16 percent of them were under the age of 19.

Windsor said 26 prostitutes who knew they were carriers of the disease were still operating.

The SA Government spent just under R5,5-million on Aids education last year for a population of 40-million people (including the "independent" states). In contrast, Mozambique spent R10-million for a population of 14-million.

■ Meanwhile, the Department of National Health and Population this week announced that between 55 000 and 65 000 South Africans were carriers of Aids and predicted that most of them would develop full-blown Aids over the next 10 years.

TB epidemic threatens W Cape

Cape Times 2/7/90 91

By PETER MALBIN

TUBERCULOSIS has reached epidemic proportions in the Western Cape, forcing a treatment centre to reopen after being closed for 26 years.

The D P Marais Santa Centre in Westlake, which closed in 1964, reopened in April this year and has 150 patients.

Mrs Julia van Heerden said the centre, renovated through funds provided by the House of Representatives, eventually hopes to accommodate 300 patients. It opens officially on August 15.

The national trend is that TB is on the decrease, but in the Western Cape it is on the upswing, Dr Johan van Rensburg, deputy medical officer of health at the city council, said.

The situation in the Western Cape is especially worrying because of worsening socio-economic conditions, Dr Van Rensburg said.

Many people in the Western Cape are squatting or living in overcrowded, wet and unsanitary conditions that are conducive to the spread of TB.

"The problem is further aggravated by the influx of people from Transkei," he said.

Other factors that contribute to the proliferation of TB include patients dropping out of programmes, which requires therapy on a daily basis for a prolonged period, thereby increasing the "reservoir of infection".

"Supervision of patients' therapy is vital," Dr Van Rensburg said, "and the centre will make a contribution to the fight against TB in that regard."

A variety of drugs used in combination makes up the TB treatment, he said. Employers should recognise that once patients are treated they do not pose a threat to their associates, he said.

CITY PRESS, July 22, 1990 PAGE 7

Inyangas to build own AIDS clinic

By SOPHIE TEMA C/Pen 22/7/90 (91)

SOWETO inyangas want to build their own AIDS clinic – and they prefer a site next to Baragwanath Hospital.

But there is a snag at the moment: The inyangas lack funds to put up their ambitious project.

The healers – all members of the African Skilled Herbalists' Association (Asha) – an affiliate of the Federated International Umbrella Government, a registered organisation, are still waiting for a fundraising number.

While medical authorities have warned that thousands of people, including newborn babies, are positive carriers of the HIV virus, for which no cure has yet been found – the healers are confident that they have their own type of "vaccine" to cure the disease.

Asha president Lymon Msibi said he hoped that once built, the clinic would offer a 24-hour service to AIDS sufferers with sleeping facilities, treatment and all – the first of its kind in the country.

Director for the Institute of non-Formal Education for South Africa Brenda Robson agrees with the inyangas' concept.

"I would like to see this happening at Bara, because some academic hospitals in Cape Town are already using traditional healers to identify cancer patients and are working as a three-man team consisting of the doctor, the inyanga and the social worker," she said.

The healers, who specialised in "muti" made from roots and herbs, say the only way by which they could prove that they were able to heal heterosexual HIV infected patients would be through the planned clinic.

The healers claim medical authorities in academic hospitals have denied them participation in the healing of the disease known as "iLumbo".

Baragwanath public relations officer Annette Clear confirmed several traditional healers had approached the hospital, adding however, the hospital could not hand its patients over to the healers for treatment.

"AIDS carriers can only be treated by traditional healers with their express consent and out of their own free will – if they have been identified by the healers themselves," she said.

Cape TB epidemic rages on

By ANDREA WEISS
Medical Reporter

24 HOURS NEWS WATCH

THE tuberculosis epidemic will rage in the Western Cape for many years despite serious efforts to curb its progress.

That Cape Town has a problem is illustrated by the incidence rate (545 infected people for every 100 000) which is double the national average of 244 infected people for every 100 000.

At the Medical Research Council, Dr John Seager confirmed that although TB appeared to be decreasing in most parts of the country, it was definitely on the increase in Cape Town.

While this might seem an easy observation to make, he pointed out that notifications could be distorted unless they were read in conjunction with population increases. Also, over-zealous notification could swell the figures.

Mortality rate

In the Western Cape, though, there was a marked upturn of the disease in 1980. While absolute figures are unknown, the increase in TB could be higher in the black population.

But, according to Dr Seager, there aren't any strong theories to explain the epidemic.

Living conditions cannot be said to be dramatically different from some other parts of the country and the infant mortality rate has been shown to be dropping.

One possiblity is that because of the long incubation period of TB, the epidemic's roots lie in history and in the urbanisation of the so-called coloured population in the 1950's.

The attendant poor socio-economic circumstances, particularly with regard to overcrowding and malnutrition, may have served as a breeding ground for the disease.

If this is so, today's rapid urbanisation in areas like Khayelitsha means another epidemic looms on the horizon.

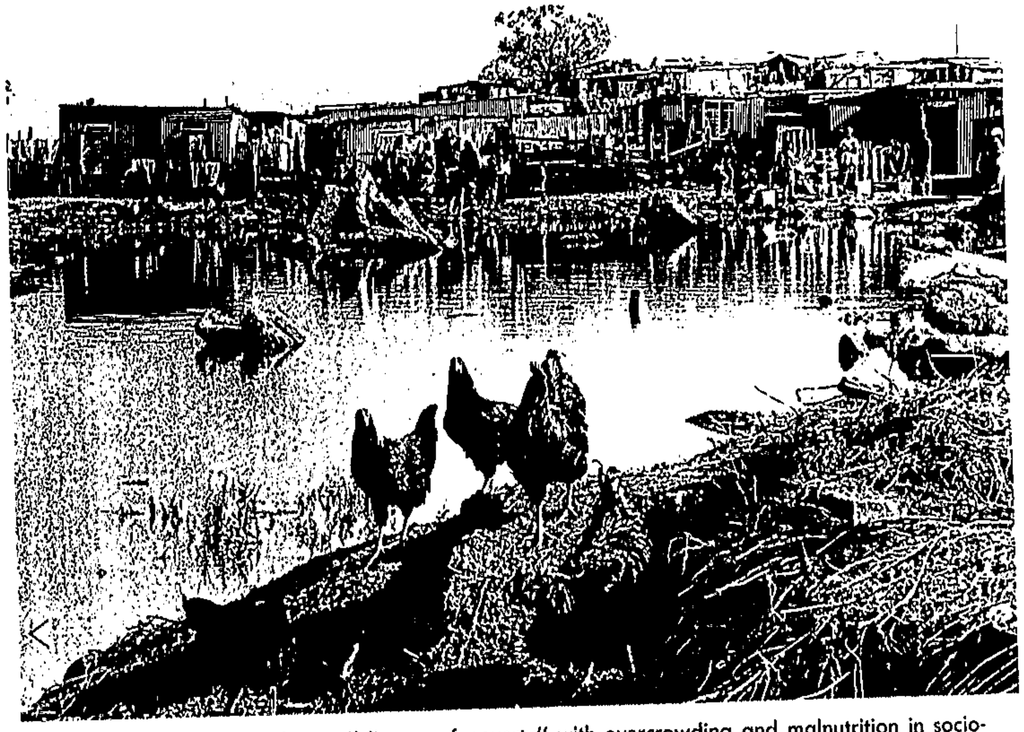
Infect others

MRC epidemiologist Dr Derek Yach has pointed out that children from rural areas arriving in shack settlements tend not to be immunised and have a low nutritional status, putting them at risk of diseases like TB and measles.

Cape Town City Council medical officer of health Dr Michael Popkiss believes the closure of beds in the mid 1970's and the move towards out-patient treatment aggravated Cape Town's TB problem.

He said that in the '60s and '70s, TB appeared to be under control but then over a 1 000 beds were closed to patients for hospitalisation meaning that more people were being treated on an out-patient basis.

So-called "compliance rates" for out-patient treatment are in the region of 70 to 80 percent, which means that about 20 to 30 percent of ill patients drop out, some before they even start.



Tuberculosis is described as a "disease of poverty" with overcrowding and malnutrition in socio-economically deprived areas seen as an aggravating factor. But the answer to Cape Town's epidemic is not clear cut.

Thus they remain in the community to infect others and become harder to cure because they build up a resistance to the drugs (in the same way a person who does not complete a course of antibiotics would).

The out-patient system means people with TB are expected to collect medication from a clinic or their employment five days a week for a period of six months.

Said Dr Popkiss: "It is pretty obvious that if a lot of people who are infectious are not in hospitals and not getting adequate treatment, they are going to be infecting children. In turn, many of this infected pool of children will fall ill in later years."

In his view, TB is still a disease of poverty and "an upturn in the economy will do much more good than all the pills and medication in the world".

His sentiments are echoed by his colleague Dr Stewart Fisher, medical officer of health for the Regional Services Council which covers areas like Khayelitsha and Cross Roads, who said: "All the funds in the world on the medical side are not going to do much good unless socio-economic conditions improve."

But what can be done that is already not being done?

In Cape Town, babies are immunised at birth; patients are treated on an out-patient basis and their contacts followed up and a special programme involving community workers has been set up in Elsies River (another is planned for Khayelitsha). The opening of the DP Marais Centre means 300 new beds will be available for patients.

While in the United States partial treatment is used on infected children, trials on full treatment of children in South Africa are on going in Elsies River.

The children who have been infected with TB are treated even though they may not have developed the disease. This prevents them from developing TB later in life and from reinfecting others.

A spokesman for the Department of National Health and Population Development said this route was unlikely to be followed because the first priority was still to find and treat those who were ill.

But if trials, currently being conducted by the MRC, show a positive effect, the department would be "open to changing our minds".

"TB in Africa is going to be with us for a very long time. The lessons we are beginning to learn are firstly that treatment must be community based and TB treatment should be more integrated into primary care services," he said.

● Human TB is caused by breathing in infected droplets containing *Mycobacterium tuberculosis* excreted by untreated or inadequately treated patients who have developed the disease.

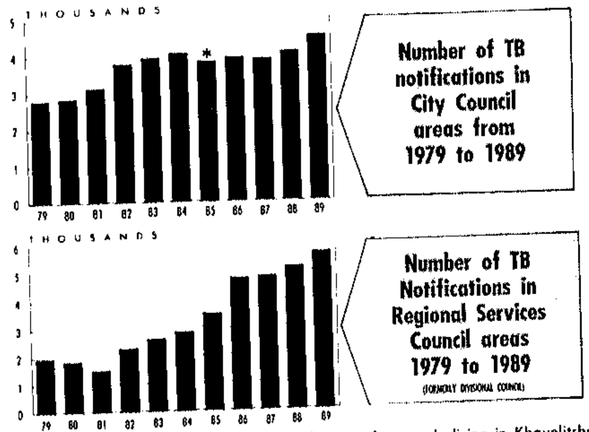
Not everybody who becomes infected develops tuberculous disease.

People in privileged populations who have been exposed to TB have a lifetime risk of of only about 5 to 15 percent. By comparison, infected people from deprived communities run a 50 percent risk in first-ever epidemics.

People who are on treatment or who have not developed the disease are not infectious to others and pose no public danger.

"There should be no stigma attached to this disease," Dr Popkiss says.

There are at least 10 million infected people in this country.



*The drop is explained by the fact that notifications for people living in Khayelitsha and Cross Roads were transferred to Regional Services Council



YOUNG VICTIM . . . Fellow patients at the new D P Marais Santa Centre made a fuss of the youngest tuberculosis sufferer at the hospital, 11-month-old Zain Jumah, at the official opening of the clinic.

Picture: ALAN TAYLOR

Cape Times 16/8/90

TB clinic to combat 'scourge'

91

Staff Reporter

THE official reopening of the DP Marais Santa clinic in Westlake yesterday has come at a time when five Cape patients die of turberculosis each day and more than 54 new cases are diagnosed daily in the Cape.

The Minister of Health Services and Welfare in the House of Representatives, Mr Chris April, said at the ceremony that turberculosis is becoming known as the "scourge of South African society".

Elsie's River has the highest incidence of tuberculosis in South Africa, a Santa spokesman said.

The alarming figures released by Santa reveal "ignorance, poor socio-economic conditions, poverty and unemployment".

"Money must be made available even if it hurts," Mr Alan Drysdale of Santa said.

Mr April said an alarming increase of the disease showed that more than 60 000 South Africans are afflicted with tuberculosis every year, with more than 40 000 deaths yearly.

"The DP Marais Hospital will undoubtedly have a great impact on the lives of our community, as it is dedicated to combating a disease that appears to be reaching epidemic proportions, specially in the Western Cape," he said.

The DP Marais Santa clinic is currently treating 150 patients and expects to increase its intake to 300 tuberculosis sufferers. It was closed on March 31, 1974, after 17 years because it was believed that patients could be treated on an outpatient basis.

The medical policy toward turberculosis sufferers had shifted as the disease spread in the Western Cape, said Mr April.

Alarm bells ring as TB figures continue to rise

ARGUS 31/8/90

91

The shockingly high incidence of tuberculoosis has been highlighted by the South African National Tuberculosis Association (Santa) which released figures yesterday indicating that six people die every day from the disease in the Western Cape. Argus Reporter JENNY VIALL takes a closer look at the alarming situation.

SUNSHINE Centre, a creche for pre-schoolers in Elsies River, differs from other creches in one respect only — all the children attending the creche have tuberculosis and get daily medication.

The only centre of its kind in South Africa, the creche serves the community of Elsies River, which has one of the highest incidences of tuberculosis in South Africa.

"Children in particular are the problem at the moment, as the percentage of infected children is rising all the time," says Sister Dulcie Erasmus, Project Manager of "Operation Elsies River", a community health project initiated by Santa to create awareness of the disease.

Tuberculosis kills six people a day in the Western Cape and 53 new cases are identified daily. Figures for Elsies River are 83 new cases a day, made up of people with TB and those carrying dormant TB.

Defaulters

Phase one of "Operation Elsies River" was to trace people who have TB and follow up on people who had not completed their treatment, called defaulters. It was found that the defaulter rate was increasing in Elsies River. Research shows that for every defaulter five others are infected.

Voluntary workers were recruited in Elsies River to educate people about the dangers and contributing factors of tuberculosis and trace defaulters and people with TB.

As part of phase two of Operation Elsies River, children



at 20 primary schools were investigated as to their nutritional status and susceptibility to TB. Of 13 000 children, 2 050 were found to be susceptible. Statistics for the incidence of TB in the children of Elsies River are not yet available.

A community-based project in response to the needs of these children aims at self-help efforts to improve living conditions and nutrition.

Pre-school children are referred by clinics to the creche, which is run and funded by Santa, and can accommodate 75 children from the age of six months to six years old.

The creche is staffed by qualified teachers, and the children follow a daily programme as at any other creche. They are given daily medication of four drugs and a vitamin syrup, a specially designed five-day treatment. After six months, if they are clear of TB, they leave.

Tuberculosis is linked to poor living conditions, particularly in regard to overcrowding and malnutrition, and children at the creche get a cooked meal every day. "For some it's the only meal they will eat," says Mr Hennie Oosthuizen, Public Relations Officer for Santa, Cape Town.

Free treatment

"TB kills more people than any other disease, and the tragedy is that it is both curable and preventable," says Mr Oosthuizen. "Our main problem is ignorance — our main task is creating an awareness of the disease among the public. People must also realise that anybody can get it, although it is more prevalent in poorer communities.

"Treatment is free, and once treatment is started, the TB sufferer cannot infect others, a fact we would like to educate employers about."

Santa also runs 16 soup kitchens feeding 450 to 600 people daily and gives monthly grants to unemployed TB sufferers. A creche in Ravensmead will open soon, and already there is a waiting list of 61.

There is hope in the battle against TB, says Sister Erasmus. "Already there is an increase in awareness of TB in Elsies River. Our aim is to reach all those carrying TB, and get them to take the full treatment."

TB kills 6 a day in the Western Cape

91

CAPE TOWN: An estimated six people die of tuberculosis every day in the Western Cape, according to the South African National Tuberculosis Association. W|Mail 31|8 - 2|9|90

These figures were released yesterday by Hennie Oosthuizen, public relations officer of Santa, who said 53 new TB sufferers were being reported daily in the Western Cape region.

This showed the prevalence of TB had reached alarming proportions mainly in the black and coloured population groups where there was a decline in living standards. — Sapa

Politicians 'must note threat of TB to SA'

Staff Reporter

TUBERCULOSIS had to be put on the agenda of political organisations because more than a third of South Africa's population is infected with the disease, Dr Derek Yach, head epidemiologist at the Medical Research Council, said yesterday.

Speaking at the SA National Tuberculosis Association (Santa) annual meeting, Dr Yach said it was Santa's job to talk to the political organisations about the disease.

Some 10 to 14 million people were infected with TB in South Africa, with up to 60 000 new cases being diagnosed every year, mainly in black and coloured communities, he said.

The disease rate was rising rapidly in the Western Cape, as a direct result of poverty, housing backlogs and other social problems such as overcrowding and alcoholism.

Besides mass urban problems, political violence has led to the destruction of vital TB services in townships since the 1986 unrest in Cape Town.

"It is not our place to question the violence, we have to see how we can alleviate it.

"Elsewhere in South Africa, the documentation of the effects of political violence suggest that we need to plan realistically. We must accept that until we achieve political stability, we need to make plans to ensure that all services can continue," said Dr Yach.

The changes in South Africa's political climate was good news for Santa because it would be easier to put TB on the political agendas of organisations that had been previously banned, he said.

Santa also needed to conduct in-depth talks with all political organisations on primary health care. This was besides co-ordinating TB and Aids programmes and TB and alcohol-abuse programmes, among others, said Dr Yach.

Aids renders TB tests ineffective

RESEARCHERS have discovered that the only available test for tuberculosis is rendered ineffective if a person is also infected with the Aids virus, complicating the diagnosis and treatment of TB, the US Centres for Disease Control reported.

"What this means is it's going to be much more difficult to diagnose TB," said Dr Richard J O'Brien, chief of the Clinical Research Branch of the CDC's Tuberculosis Division.

Tuberculosis is one of the most widespread infections among humans, O'Brien said.

Worldwide, about 1.7 billion people are infected with the tuberculosis bacteria, including about 10 million in the United States.

The vast majority of people infected will never develop the disease. But people who are infected with both Aids and tuberculosis are far more likely to develop TB, especially strains of the disease that are difficult to treat, O'Brien said.

Both infections can exist in the human body without producing any symptoms.

"There are unusual strains of tuberculosis that develop in people with Aids. And if they don't show a positive reaction to a skin test, a doctor is probably going to treat them for some other pulmonary disease," O'Brien said.

Researchers studied a group of 2 000 Ugandan women last year to see how they reacted to tuberculosis tests, in a part of the world where the majority of people are infected with TB.

Among the women who were not infected with the Aids virus, some 82 percent reacted positively to the tuberculosis skin test. - Sapa-Reuter

(91)

BACKGROUND

Why tuberculosis still afflicts millions in SA

Much of the ill health in South Africa stems from poor social, environmental and working conditions. The current escalating epidemic of TB — both the preventable and the curable varieties — is only one example of this. This poses new questions for the medical profession, says academic physician John Kalk.

Medical Reporter
CARINA LE GRANGE
reports.

Professor John Kalk is one of an increasing number of doctors who examine health and ethics in the wider context, taking into account historical and socio-economic factors.

In South Africa as many as 15 million people are infected with TB and each year more than 7 000 die and 100 000 new cases are activated. Professor Kalk sees these figures as the result of discrimination.

"Although TB is caused by a germ, the spread of TB can be traced to the combined effects of historical, political and economic factors," he says.

"The opening up of the gold mines, the introduction of migrant labour, taxation, low wages and the resulting increasing poverty, poor nutrition and housing caused large numbers of people to become more susceptible to infection by TB."

He says that in the past, the medical profession "stooped to the suppression of evidence in official reports that poverty, poor housing and bad working conditions influence susceptibility".

Political policies to exclude black people from white urban areas, migrant labour and the repatriation of sick black workers to rural homes and homelands have served both to spread TB and to conceal the true scale of the epidemic.

Lest these remarks be seen in historical terms only, Professor Kalk is quick to point out that recent evidence, particularly from the western Cape, indicates that the incidence of TB is still rising.

He points out that the Association of Societies for Occupational Safety and Health (Asosh) states in a recent publication that TB is diagnosed at a rate of one out of every 100 employed workers, an incidence similar to that in 1910.

Professor Kalk asks why TB remains a public health problem in South Africa in the light of medical progress and when TB is now relatively uncommon in the industrialised world.

He says Asosh correctly identifies circumstances which exacerbate susceptibility, such as being a migrant labourer or working shifts or excessive overtime, but nowhere does it state that these practices should be discouraged.

The depressing conclusion is that the current approach is not very different from that at the turn of the century. Then, as now, the social determinants of TB were generally ignored.

Against this background, Professor Kalk asks what he calls two "fundamental and ethical" questions.

"Is it acceptable to continue to give the impression that TB can be controlled through medical intervention alone? Are medical authorities justified in placing so much emphasis on the benefits of the therapeutic approach while effectively ignoring the conditions which perpetuate the epidemic?"



The truth behind TB . . . Professor John Kalk believes discrimination is a significant factor.

TUBERCULOSIS (91)

TB remains South Africa's biggest health problem. According to a recent issue of *Sasepu National*, there are about 10-million people infected with the disease. Whites make up less than 0,5 percent of this total.

The incidence is increasing in the Western Cape where, according to the South African Institute of Race Relations' *Update 10*, there was a 10 percent increase between 1988 and 1989 from 5 137 to 5 646 cases.

Doctors predict a TB 'holocaust' in Africa

ST Times 11/11/90

By TERRY van der WALT

A WAVE of tuberculosis cases may soon swamp South Africa after the discovery of a deadly link between the bacterial infection and AIDS.

Already hospitals are dealing with increasing numbers of AIDS patients who succumb to TB as their immune systems collapse. The World Health Organisation is also looking into the possiblity that TB speeds up the progress of HIV infection to fully blown AIDS.

SA doctors fear a second outbreak of TB may soon follow the first as the disease is highly infectious and spreads rapidly — particularly in poorer communities.

Deaths

Apart from the risk of passing on AIDS, each TB sufferer can also infect half the people he or she comes into contact with, according to a WHO report.

The report adds that, after a steady decline in TB cases in much of Africa, the disease is on the rampage again and health workers predict an "avalanche" of cases soon.

TB experts are talking about a "holocaust" and health services are worried about how they will cope with the flood of cases in the next few years.

Hennie Oosthuizen, the SA National Tuberculosis Association's public relations officer for the Western Cape, said there had already been a substantial increase of TB in the area — traditionally the worst-hit in the country.

"We have some five deaths a day and 54 new cases reported each day," said Mr Oosthuizen.

Dr Theo Collins, the South African National Tuberculosis Association's community education director, said:

"Between 12-million and 15-million people in this country have dormant TB infections and may never suffer from the disease. But, if they become infected with the HIV virus, they stand a 99 percent chance of developing TB and then may pass it on.

"The major drugs used against TB are not effective in an HIV patient because his or her immune system is unable to do its part."

The drugs inhibit the spread of the bacteria while the immune system is supposed to do the rest in eradicating it entirely.

Risk

Dr D Dickson, director of the East London Blood Transfusion Service, said vaccination against TB in HIV-infected people will not work either.

He said the TB vaccine depended on the immune system being intact for it to work. And, because it is a live virus vaccine, there is a risk of the HIV patient becoming infected instead of developing an immunity to tuberculosis.

Dr Collins said Santa was running a programme where children with dormant TB infections were given drug treatments until the bacteria is killed off.

HEALTH & DISEASES — T. B.

1991 — 1992

Johannesburg Hospital	R189 164 900
Coronation Hospital	R49 474 500
Grey's Hospital	R39 005 000

Medical waste: disposal

86. Mr M J ELLIS asked the Minister of National Health:

Whether any changes were introduced in the 1990-91 financial year by hospitals falling under the control of the provincial administrations in the system used to dispose of medical waste; if not, why not; if so, what are the relevant details? B211E

The MINISTER OF NATIONAL HEALTH:

Although the disposal of hospital waste (medical and clinical waste) is considered to be reasonably satisfactory, all provincial administrations undertook investigations to identify portential problems during the past year. These resulted *inter alia*, in the introductin of more uniform methods of disposal, increased use of standardised containers, renovation of incinerators and contracting professional firms for waste removal and disposal. However, most improvements planned are subject to the availability of funds.

Johannesburg North: service applications

106. Mr P G SOAL asked the Minister of Mineral and Energy Affairs and Public Enterprises:

Whether any applications for (a) telephone services and (b) private post boxes were outstanding in the Johannesburg North constituency as at the latest specified date for which figures are available; if so, (i) how many in each suburb falling within this constituency and (ii) when is it anticipated that the backlog will be eliminated? B291E

The MINISTER OF MINERAL AND ENERGY AFFAIRS AND PUBLIC ENTERPRISES:

(a) Yes, 512 as at 28 February 1991;

(i) and (ii) In addition to applications that are met on demand on a continuous basis where telephone numbers and cable leads are available, service will be provided as follows to waiting applicants in the areas indicated:

Exchange area	*Number of waiting applicants*	*When services are to be provided*
Bramley (includes the suburbs of Eltonhill, Winston Ridge, Kentview and Birnam)	77	Within the next three months as cable works are completed.
Rosebank (includes the suburbs of Fairway, Illovo, Melrose, Melrose North, Melrose Estate, Birdhaven, Dunkeld West, Parktown North, Parkhurst and Craighall Park)	209	Within the next five months as cable works are completed
Randburg (includes the suburbs of Craighall and Blairgowrie)	178	Within the next five months as cable works are completed.
Linden (includes the suburbs of Victory Park, Pierneef Park, Pine Park, Blairgowrie and Beaconsfield Estate)	48	Within the next five months as cable works are completed.

(b) Yes;

(i) 76 as at 25 February 1991 (Birnam Park 28 and Parkhurst 48).

(ii) The installation of additional private post office boxes at Birnam Park and Parkhurst is not possible because of the structure of the buildings. The waiting applicants at these centres can only be accommodated as and when existing boxes become vacant. Specific dates for the elimination of the backlog cannot, therefore, be furnished. It should be mentioned that vacant private post boxes exist at Saxonwold (28), Northlands (54), Bramley (449), Parklands (300) and Pinegowrie (975). The number of vacant post boxes at Northlands has increased since last year because some renters were allocated post boxes at the more conveniently situated Pinegowrie Post Office. By arranging that a number of renters at Craighall be provided with private boxes at more conveniently located offices, it was possible to provide all waiting applicants at that office with private boxes.

Immunisation programmes

123. Mr M J ELLIS asked the Minister of National Health:

(1) (a) What sum of money was allocated to immunisation programmes in the 1990-91 financial year and (b) what immunisation programmes were undertaken;

(2) whether these programmes could be implemented fully out of the sum so allocated; if not,

(3) whether additional funds were allocated for this purpose; if so, from what source? B213E

The MINISTER OF NATIONAL HEALTH:

(1) (a) R4 150 500 and

(b) expanded immunisation programme against tuberculosis, poliomyelitis, diphtheria, pertussis, tetanus and measles,
immunisation of contacts of rabies and
immunisation against yellow fever for international travel purposes;

(2) yes;

(3) falls away.

Tuberculosis

129. Mr M J ELLIS asked the Minister of National Health:

In respect of each race group in each province in 1990, (a) how many cases of tuberculosis were (i) reported and (ii) hospitalised and (b) how many tuberculosis patients died? B361E

The MINISTER OF NATIONAL HEALTH:

(a) (i) Notified tuberculosis cases in the Republic of South Africa by Population Group and Province, 1990. (As on 27 February 1991. Notifications for 1990 are still incomplete.)

POPULATION GROUP

Province	*Indian*	*Black*	*Coloured*	*White*
Cape	32	13 587	16 960	411
Natal	453	9 247	196	75
OFS	1	9 481	633	130
Transvaal	52	13 462	487	228

(ii) Admission in a hospital with tuberculosis

POPULATION GROUP

Province	*Indian*	*Black*	*Coloured*	*White*
Cape	0	2 430	2 724	2
Natal	183	9 273	97	15
OFS	0	3 031	75	0
Transvaal	13	1 922	142	62

(b) Notified tuberculosis deaths in the Republic of South Africa by Population Group and Province, 1990. (As on 27 February 1991. Notifications for 1990 are still incomplete.)

POPULATION GROUP

Province	*Indian*	*Black*	*Coloured*	*White*
Cape	0	571	485	12
Natal	4	46	1	0
OFS	0	110	10	3
Transvaal	1	492	12	7

Own Affairs:

Sea Point: rent-controlled premises

11. Mr C W EGLIN asked the Minister of Welfare, Housing and Works:

(1) How many rent-controlled premises were there in the Sea Point constituency as at 31 December 1990;

(2) (a) how many such premises were decontrolled in 1990 and (b) what is the (i) address and (ii) description of each of the properties concerned? B154E

Breakthrough in TB control

Star 12/4/91

The SA National Tuberculosis Association (Santa) has announced a breakthrough in the control of tuberculosis with preventive medication.

The medication, approved by the World Health Organisation, is given to schoolchildren in high-risk TB areas before the disease can affect their lungs.

91

The association said yesterday that a pilot study had found the medication was effective over 60 days, before TB was contracted.

Now AIDS adds to the agony of hundreds of our TB children

ST Times 4/4/91



LITTLE HOPE LEFT ... Siyabulela will be blind for life

Picture: GARTH LUMLEY

TUBERCULOSIS victim Siyabulela is 13 months old. His name means "thank you" in Xhosa. But Siyabulela has not much for which to be thankful.

A few days after birth he was blinded by a neurological strain of tuberculosis. Since the age of four weeks, the only home he has known is the Far East Rand Hospital.

Siyabulela's parents visit him from Orkney in the Western Transvaal as often as they can afford. But little Siyabulela is likely to spend his life in institutions.

Both his mother and father work and cannot provide the special care he needs.

When the baby was admitted to hospital last March, he was totally blind. Now he can vaguely distinguish light.

But Siyabulele's problems could get even worse. He may well be among the many of South Africa's 16 229 children with TB who are also AIDS carriers and he could fall victim to the disease in years to come.

Emaciated

Doctors at the hospital will not say whether he has AIDS because the identity of AIDS patients is protected by law.

There is a strong link between TB and AIDS.

Both are immune deficiency diseases which can be carried in the dormant state for years until some stress, such as poor nutrition, triggers them off.

In African countries like Malawi where AIDS is rife, TB death rates have risen along with the AIDS incidence.

Special Report By CAS St LEGER

An AIDS carrier can live for a decade or more without developing symptoms. But should he be one of South Africa's 15-million carriers of dormant TB, there is increased risk of developing virulent forms of both diseases.

Similarly, should the dormant TB carrier contract the AIDS virus, the TB which might have remained dormant for life will quickly manifest itself — and so will the AIDS.

Santa tests doubtful cases, but it cannot afford to AIDS-test all TB patients.

While the AIDS cannot be cured, the test enables staff to take precautions.

It is not known how many of South Africa's official estimate of 100 000 HIV carriers and 683 active AIDS cases also have TB.

But among the 500 patients at the Far East Rand TB Sanitorium in Springs, eight have both diseases.

Paedriatric AIDS, with transmission from mother to baby, is increasing rapidly. There are 94 children under nine with AIDS in SA.

At the East Rand TB Sanatorium, two TB patients, a woman and an 11-month-old baby, died of AIDS-related illnesses as well as TB in the past three weeks.

"We estimate there are 104 000 or more such cases," said Dr Theo Collins, community education officer of Santa. His figure is higher than official estimates because of what he regards as gross under-reporting.

Dr Collins said there was under-reporting of TB cases from homelands and there were likely to be 100 000 new TB cases every year, as opposed to the 72 000 reported last year. There were 871 white cases in 1990. Some 55 100 of the cases are adults, the balance are under 15.

Damage

Prevention is simple. If Siyabulela had been immunised at birth, the chances are he would not have contracted TB. Follow-up shots at three months and before the age of six provide almost 100 percent protection for life.

Santa this week announced a breakthrough in preventive medication effective over 60 days.

Curative medicine often requires a 180-day stay in hospital.

While TB is curable, the damage, as in Siyabulela's case, is not reversible. Those who seek the early treatment of taking tablets for six months can avoid disabilities or damaged lungs.

Santa urges use of (91) new treatment for TB

Star 16/4/91

Medical Reporter

A breakthrough in preventive treatment of tuberculosis in children would stop permanent neurological damage which leads to blindness, deafness, paralysis and mental retardation, according to the South African National Tuberculosis Association.

Santa announced the breakthrough last week.

It says "numerous children" in South Africa contract the disease despite apparent successful vaccination against TB.

Santa advises that in addition to vaccination, infected children should receive the new preventive treatment, which stops the development of active disease.

A course of treatment costs R35 for 60 days and is administered at school.

The prevention of TB in children could make an impact on the incidence of TB, which remains high with a daily death toll of 24 and 60 000 additional new cases officially notified each year.

Santa believes TB will be eliminated only when it is treated in its earliest stage.

The organisation invites support from the public during the period April 20 to May 4 — set aside as "Santa Time" — to sponsor treatment for at least one child. Contributions can be sent to Santa, Box 10501, Johannesburg 2000.

Army aid needed at the cookhouse

Rotary, who've moved mountains since channelling their efforts into the refurbishing of the Charles Hurwitz Santa Centre, will be hoping today's column catches the eye of military types.

The bigger the brass, the better.

This particular branch of Santa is located on the eastern side of Baragwanath Hospital and is for black TB sufferers — from tiny tots to adults, and the truly tragic cases where the combination of Aids and TB spells certain, often rapid, death.

The upgrading of the Hurwitz centre is the pet project of the Johannesburg South and Sandown branches of Rotary. The men at the helm are particularly anxious to tackle the kitchen and dining facilities at the centre, which they describe as "a shambles".

Lagging

It's one aspect lagging behind other facilities that, for the most part, are spick and span and a monument to Rotary's work.

Rotary have approached the SADF in the hope of borrowing two mobile kitchens to feed plus-minus 600 patients and staff three meals a day.

"Application for the R300 000 needed to rebuild the kitchen facilities has been passed by Rotary International in Geneva," said Johannesburg South member Bert Erling, "and will be in our hands soon. As soon as we have word from the SADF, we could begin the project."

But so far, all Rotary has heard from the SADF is silence.

Said fellow-member Nathan Harris: "The sooner we hear from the military, the sooner we can begin building."

Rotary have written to the SADF and enlisted the help of MPs, but to no avail. They believe, if mobile kitchens were available, rebuilding

Stoep Talk

MICHAEL SHAFTO



could be completed in three months.

Bill Boyd, a management fundi brought in to place the centre on a sound management footing, paid special tribute to the work done by Rotary. He and Matron Mavis Mhlalambi keep the wheels turning. Today, in addition to an immaculately fitted "Sunshine Ward" for toddlers, the spotless bungalow-type wards can house 430 patients...

TB in modern times has become 100 percent curable. In three months, a patient can be fully restored to health. In five months, back into the mainstream of community life. But as the Rotary members point out, the disease hits those who can least afford it.

Allies

Its great allies are pov-erty, malnutrition, overcrowding, unhygienic living conditions.

At one time it was believed that in 20 years TB, like polio, would be medically wiped out, worldwide. But statistics show otherwise. It is, in fact, on the increase.

Santa is Government aided, but no government funds are available for upkeep and refurbishment — hence the very real role played by Rotary.

Messrs Erling and Harris, both retired, are just two of the many Rotarians who gladly give of their time and energy to projects like the Hurwitz centre. Bert Erling has a simple philosophy: "It's a lucky thing to be in a position to give, rather than one of want."

No TB control 'could cause SA Aids disaster'

CT 15/6/91

JOHANNESBURG. — South Africa faces a major Aids disaster unless it brings tuberculosis (TB) under control.

Specialists attending a symposium of the Community Health Association of Southern Africa in Kempton Park yesterday said Aids could trigger latent TB infections, and the deadly virus increased the incidence of active TB by as many as 10 times.

A study at a South African TB hospital showed that in 1989 to 1990, 1,8% of TB patients also had Aids.

Specialists said TB had reached epidemic proportions in the Western Cape. — Sapa

Spread of TB feared after hospital closed

South 2016 - 26/6/91

From Vuyelwa Qinga
Port Elizabeth

91

HEALTH staff are concerned that the closure of tuberculosis wards at the Algoa Chest Hospital may lead to the disease spreading in the area.

Some 100 patients are to be discharged when the wards are closed, and there are fears they will carry the disease back into the communities. The Cape Provincial Administration is terminating its contract with the hospital, claiming there are too many beds for TB patients in the Eastern Cape.

A member of staff at the hospital who did not wish to be named said that there were not too many beds in Port Elizabeth.

She said no new TB patients had been admitted since March

The incidence of TB is climbing in South Africa, and new statistics put the number of people contracting the disease at 24 per day this year.

Numerous attempts to obtain official comment failed. — *PEN*

Cape harbour gears up for flood of ships

B1 Day 26/6/91

LINDA ENSOR

CAPE TOWN — Traffic volumes in Cape Town harbour are expected to increase dramatically as Russian, Japanese and Chinese fishing boats from the Antarctic use Cape Town once sanctions are lifted.

Port Captain Bill Shewell said cargo boats which in the past used Australian and South American ports could now use Cape Town.

He said an aggressive marketing campaign was under way to promote Cape Town harbour, with rebates of up to 25% offered to ships which returned to Cape Town more than once.

The harbour was being cleaned up and greater controls were being introduced.

To cope with the greater volumes of fruit destined for the export market once foreign markets open up for trade, a modernised fruit storage warehouse was being planned.

Shewell said in the last four months the volume of cargo being handled had increased by about 20% over last year.

While the reasons were unclear, he said it could be that importers were stocking up ahead of VAT to avoid having to pay the increase in port handling charges.

TB rife in Cape Town hostels

B1 Day 26/6/91

LINDA ENSOR

CAPE TOWN — A picture of chronic overcrowding, poverty and ill health among the broader migrant population has been painted by a health status survey of hostel dwellers in Cape Town.

The findings of the survey by University of Cape Town anthropologists Mamphela Ramphele, Marion Heap and Denham Trollip were published in the latest SA Medical Journal.

The survey investigated the health of residents of council-built migrant hostels in Langa, Guguletu and Nyanga. It was undertaken at the request of hostel dwellers, who wanted information on which to base a campaign to upgrade their accommodation into family housing.

The authors said a significant proportion of the western Cape's hostel-dweller population included women and children.

Conditions in the hostels were characterised by severe overcrowding (one bed to 2,8 people); poor and inadequate amenities (one tap to 117 people, one toilet to 133 people); and poverty (an average weekly cash income of R100 for the needs of both rural and urban dependents).

Overcrowding and poverty led to a high level of tuberculosis relative to township dwellers.

However, a low prevalence of disease was found, which led the researchers to suggest that migrant labour, by sifting out the able-bodied and employable, reproduced a "healthy worker effect" among the migrant population with access to cash wage earnings in the city.

"The healthy, as evidenced by the low prevalence of disease, are employable, can renew contracts and return to the urban workplace. The sick, the unemployed, the unemployable and the elderly are returned to or remain in the 'rural' homelands, the health status of which are reflected in infant mortality data.

"The high infant mortality rate suggests that the disease burden of the migrants is being carried by the home-base population."

The poverty of the migrant worker's home base meant children not born in Cape Town also recorded higher levels of chronic undernutrition and lower levels of immunisation than those born in the city.

The researchers concluded that hostel dwellers were not representative of the larger migrant population, but relative to township residents they were not experiencing the improvement in health status which normally accompanied urban settlement.

Improved living conditions rather than health education that focused on individual behaviour would have a greater effect on improvements in health status, they said.

New body provides litigation alternative

B1 Day 26/6/91.

GERALD REILLY

PRETORIA — The Alternative Disputes Resolution Association of SA (Adrasa) was launched in Pretoria yesterday with the aim of making the law more accessible to those who cannot afford litigation.

Association of Law Societies (ALS) director-general Andre van Vuuren said Adrasa was was being fully promoted by ALS and the general council of the Bar.

A major advantage of the system, Van Vuuren said, was that parties to a dispute could often achieve a quicker and cheaper resolution of problems than using the courts.

The system should not be seen as a substitute for litigation but as an integral part of the whole system of justice, but it was more flexible than strict litigation conducted in courts.

Since the beginning of the year, groups of advocates and attorneys in the major centres have been working towards the formation of Adrasa.

Van Vuuren said that in line with similar non-profit organisations in the US, Britain, Australia and the Netherlands, Adrasa would encourage the use of alternative dispute resolution to reach more considered and creative solutions to domestic and international disputes.

Alternative dispute resolution had to form part and parcel of the skills on which a lawyer could call in delivering legal services to clients.

The public would be told of the appropriate procedures including mediation, expedited arbitration and conciliation which could be more suitable for handling disputes. Mediators, arbitrators and "other neutrals" would be trained and standards of competence laid down.

Adrasa's first council would be appointed in July when it would hold its first meeting. It wanted to be fully functional by the end of the year.

Aids brings a new wave of tuberculosis

Star 12/9/91 (91)

By Shirley Woodgate

A renewed wave of tuberculosis has surfaced in South Africa since the link between TB and Aids was revealed, says SA National Tuberculosis Association (Santa) director of community tuberculosis education Dr Theo Collins.

New cases of TB increased from 55 000 in 1986 to 80 000 in August 1990.

"Tuberculosis and Aids go hand in hand. There are probably about 15 million people in South Africa who have dormant TB infection.

"In normal circumstances, the disease would never have erupted in most cases, but where the HIV virus has appeared, the resistance of these people is so low that the TB infection becomes active."

TB, which had virtually been wiped out in the US, had resurfaced since the advent of Aids, and in Uganda the World Health Organisation claimed the disease had doubled since the appearance of the virus.

Dr Collins claimed that some 36 people were dying daily of TB in South Africa and at any one time about 250 000 were being treated.

Warning that the cost of treatment was likely to soar, he said about R5 400 was spent on each patient admitted to hospital for about six months.

It is claimed that the degree of success of State anti-TB measures depends on the extent of voluntary support.

Santarama Miniland at Wemmer Pan, south of Johannesburg, not only provides a valuable education and entertainment venue, but supports Santa. But the miniature town needs R150 000 to revamp the models and replace the income-producing pleasure boat.

The Star has launched the Santarama Fund with its own donation of R5 000, and invites businesses, schools and individuals to add their contributions.

Please send your ideas or donations to the Santarama Fund, Box 1014, Johannesburg 2000 (Sauer St Charities No 011 001 22 000 5).



Gigantic effort called for . . . Jan van Riebeeck stands guard over Santarama, which is in need of funds to boost the fight against tuberculosis. Picture: Karen Fletcher

NE

Fears of spreading tuberculosis

Star 16/9/91.

By Carina le Grange
Medical Reporter

91

The incidence of tuberculosis in South Africa was rising despite the fact that the TB control programme was better than a decade ago, the Minister of National Health and Population Development, Dr Rina Venter, said in Warmbaths last week.

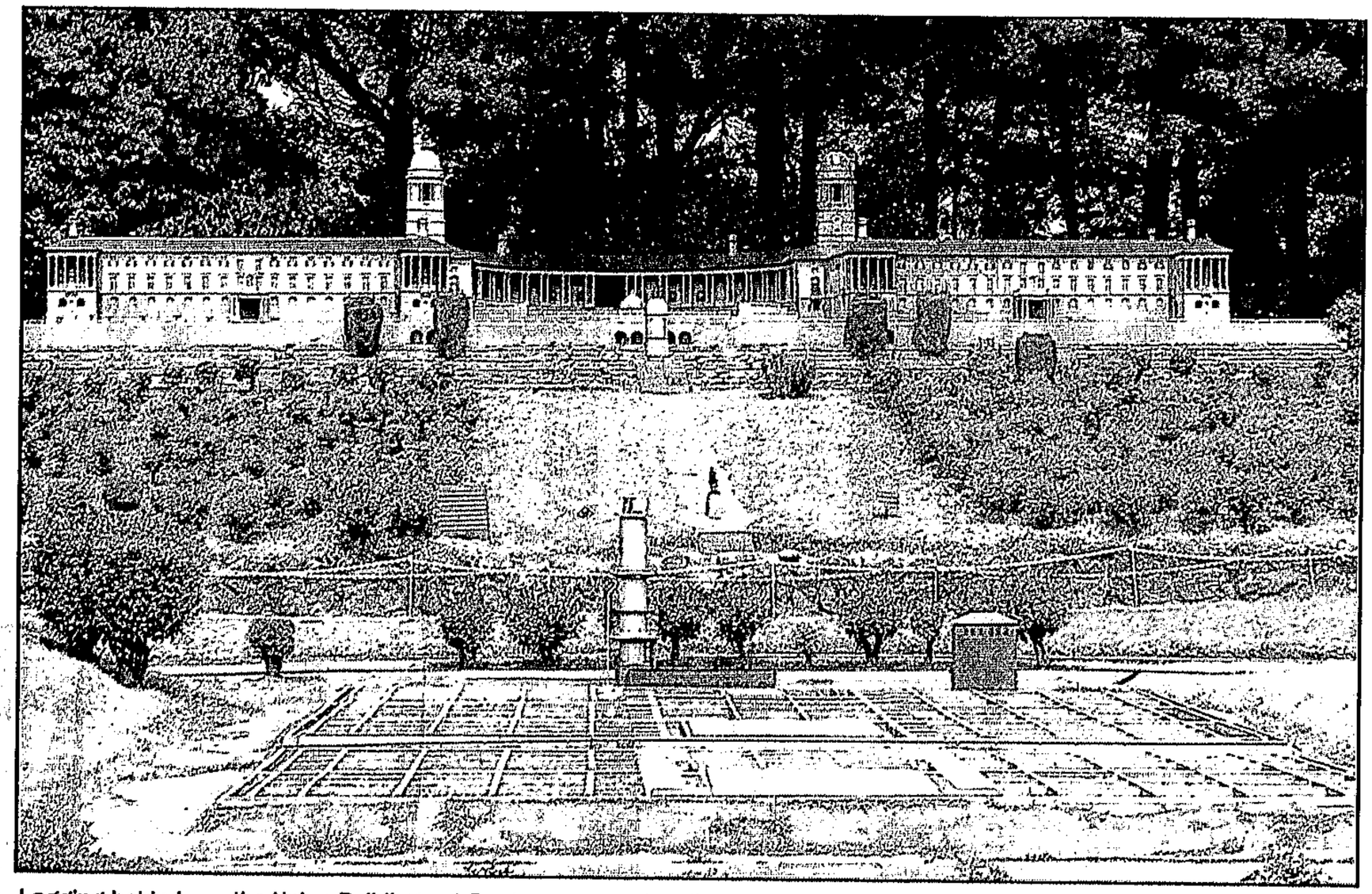
Dr Venter was speaking at the annual general meeting of the Christams Stamp Fund at the Overvaal Resort.

She said among the factors contributing to the rise in TB was the disruption of services due to unrest which made supervised treatment and contact tracing impossible in many cases. Too many patients did not complete their treatment.

Up to 25 people died of TB every day and annually at least 60 000 new cases were reported in South Africa, although the statistics could be conservative for if the TBVC countries were included.

Dr Venter said TB control was basically aimed at lowering the reactivation of primary infection.

The spread of HIV rendered the body's defence system more susceptible to opportunistic infections.



Lagging behind . . . the Union Buildings at Santarama needs a lick of paint to match the new SA. Picture: Karen Fletcher

Minitown in need of mega boost

Star 30/9/91. (91)

By Shirley Woodgate

Up to three people die every day in SA from tuberculosis.

Match that to the cost of treatment, which is as high as R5 400 for each patient admitted to hospital for six months, and the TB scenario is transformed from a major health hazard to an economic disaster.

Worst hit, says the SA National Tuberculosis Association, are the black and coloured communities which account for 93 percent of Santa's workload.

Since 1973 Santarama Miniland at Wemmer Pan has been one of Santa's fund-raising arms, but the downturn has not only fuelled the disease but hit the income and thus the upkeep of the little Lilliput.

Schools have rallied to collect for the minitown, businesses are considering their support, and service organisations are donning their thinking caps.

Santarama needs your help to collect R150 000. Send ideas or money to Santarama Fund, Box 1014, Johannesburg 2000.

TB sufferers denied beds to 'save money'

Staff Reporter

A RETREAT hospital has closed 100 beds to tuberculosis sufferers "by edict of the Cape Provincial Administration" in order to save money while another hospital has a waiting list of 68 patients.

It was simply unthinkable that in the midst of a TB epidemic in the Western Cape, hospital beds which were available for sufferers could not be filled because of CPA restrictions, City Medical Officer of Health Dr Michael Popkiss said.

In documents before an amenities and health committee meeting this week, Dr P G Morris of the Brooklyn Chest Hospital (BCH), said the hospital, with 320 beds available for both adults and children, was full.

However, at the D P Marais Hospital at Westlake, near Retreat, 300 beds were available but only 200 could be used "by edict from the CPA due to financial strictures".

The hospital had 228 patients and until that number fell below 200 the BCH was "prohibited" from transferring patients there.

The BCH's waiting list stood at 68 and increased by about five a day, Dr Morris said.

He said there was "patently a desperate need" for more hospital accommodation.

Dr Popkiss suggested that the council object to the situation in the strongest possible manner and that representation be made to the CPA.

He said last night that the move did not save the country money because the staff were still employed.

"I find it a false economy."

Dr George Watermeyer, the CPA's deputy director of hospital and health services, could not be reached for comment yesterday.

Top medical talks on crisis over 'TB beds'

AVG 15/10/91

CLIVE SAWYER, Municipal Reporter

TOP Provincial Administration and city council medical officials are to meet over the controversial "closure" of 100 hospital beds for tuberculosis patients as the killer disease spreads in the Western Cape.

The number of hospital beds available for TB victims was cut by 100 by a Provincial Administration directive.

The cuts, intended to save money, coincide with an influx of patients from the Eastern Cape and abroad as exiles return.

By August more than 3 000 new tuberculosis cases were reported to city health authorities.

Brooklyn Chest Hospital medical superintendent Dr P G Morris said his 320-bed hospital was full while at D P Marais Hospital only 200 beds were available.

Admission to both hospitals is controlled by Brooklyn staff.

D P Marais has 300 beds but 100 may not be used in terms of the CPA directive.

Dr Morris said the situation was critical and the only solution was to open the unused 100 beds at D P Marais.

Brooklyn Chest Hospital also had to take patients from the Stellenbosch and Somerset West areas because Paarl and Brewelskloof hospitals were full.

City council medical officer of health Dr Michael Popkiss said it was "simply unthinkable" that in the midst of a tuberculosis epidemic in the Western Cape, hospital beds for TB patients could not be filled because of the CPA directive.

"We are dealing with a lack of hospital beds for people suffering from a highly infectious notifiable disease," Dr Popkiss said.

The council would object to the CPA about the situation at a meeting of top medical officials next month.

Appeals to the CPA by officials involved in tuberculosis treatment have so far failed.

According to city council figures, 3 008 cases of pulmonary TB and 117 of other forms of TB were reported by August this year.

(91)
ARG 21/10/91

No beds, no money as killer disease runs on

24 HOURS NEWS WATCH

SPECIAL REPORT

CLIVE SAWYER,
Municipal
Reporter and
VIVIEN HORLER,
Medical Reporter



One bed for every 25 patients ...

PEOPLE with a killer disease sweeping the Western Cape are facing complications caused by a cash crisis and political bickering.

Tuberculosis, a disease which is preventable and curable, struck more than 11 300 people in the Western Cape in the first eight months of this year.

Last year there were 19 582 new cases in the region, which extends from the Namibian border through Beaufort West to Plettenberg Bay. There are five TB hospitals in the region, two in Cape Town.

As people die, still on the waiting list for admission to the Cape Town TB hospitals, provincial and local authority medical officials have pointed fingers at each other about who is to shoulder the burden.

And at a Retreat hospital, where 100 urgently needed beds were closed to save the Cape Provincial Administration money, the administrator has spoken out for the first time about staff disappointment at the decision.

"People don't realise how many people are dying every day from TB," said Miss Julie Roelofse of the D P Marais Hospital. "There is most definitely a need for those beds, but my hands are tied."

The CPA has promised to open more beds "in phases", but no timetable has been set because of its own financial crisis.

The shift of 90 percent of the burden of TB treatment to local authorities, as waiting lists for admissions grow, is at the heart of the controversy.

The implications of the situation have a bearing on the increasing seriousness of the Aids epmidemic. According to the latest figures available, there are now 1 000 HIV-positive people in the Cape.

There is growing concern about TB and its association with the Aids virus. Many South Africans have been infected with TB in childhood, but their immune systems keep the disease quiescent.

Should their immune systems be compromised, as happens when infected with HIV, tuberculosis develops. This HIV-associated TB is often difficult to diagnose because sputum tests are negative and many of the clinical features are unusual.

According to the Department of Health, TB represents the most serious opportunistic infection in HIV-positive people in Africa, similar to the unusual pneumonia that affects HIV-positive patients in the United States and Europe. This pneumonia, *pneumocystis carinii*, is regarded as an "Aids-defining" disease.

Provincial and local authorities have clashed publicly over the disclosures that the DP Marais TB Hospital, re-opened with 300 beds last year to cope with the soaring number of cases, was forbidden by a CPA directive to use more than 200 beds.

Patients are referred to the hospital, which was closed in 1965 as TB rates started to fall, by the Brooklyn Chest Hospital, where medical superintendent Dr P G Morris said the waiting list was growing at a rate of five a day.

And TB hospitals at Paarl and Brewelskloof, near Worcester, are full.

Dr George Watermeyer, CPA health and hospital services executive director, said the decision not to open the unused 100 beds at DP Marais Hospital was a "straightforward financial" one.

"It is common knowledge that the CPA has major financial difficulties and there is tremendous pressure on all our hospitals," he said.

The basic handling of TB, involving out-patient treatment and a community support programme, was the responsibility of local authorities such as the Cape Town City Council.

"There is a simply a greater need for hospital care than we can provide," he said.

Patients would be put on a waiting list and treated as soon as possible.

Hospitals were being urged to discharge patients as soon as they were on the road to recovery.

A major problem was the failure of many TB patients to follow through with treatment.

Dr Watermeyer said the TB epidemic in the Western Cape was "static" while incidence of the disease was declining in other parts of the country.

In a statement, the CPA said it was "thoroughly aware" of the TB problem in the Western Cape, where about four percent of patients are treated in hospitals compared to the national figure of 24 percent and 47 percent in Natal.

"Nevertheless, the recovery rate of 77 percent is better than the national recovery figure of 75 percent," the statement said.

An "illustration of CPA's commitment to TB treatment" was last year's decision to open 200 beds at the DP Marais in the middle of a serious budget deficit.

Miss Roelofse of the D P Marais, said the hospital had opened last year with authorisation to use 150 beds, and plans to expand into the full 300 beds at the beginning of the current financial year.

"We were using 238 beds, but were then told we could use just 200 beds. We are geared to cater for 300 patients, although if we had that many we might need an additional sister and a nursing assistant."

Miss Roelofse said: "The CPA finances us at a patient-day rate, and if they keep the number of patients down they keep our budget down. But people are sick, and these are the people with no fixed abode."

The CPA statement said "no seriously ill TB patient who requires hospitalisation will be turned away", but it is understood that people have been turned away from the Brooklyn Chest Hospital.

City medical officer of health, Dr Michael Popkiss, who is to meet top CPA officials next month to discuss the TB crisis, greeted the CPA claims with criticism.

"This situation is the result of the State closing thousands of TB beds in the late 1970s and early 1980s, and removing in-patient treatment from our control," Dr Popkiss said.

The city council was putting constant pressure on the State to re-open the much-needed beds.

"The fact is that in-patient treatment is the sole responsibility of the CPA, because they took away hospitals once operated successfully by local authorities," Dr Popkiss said.

Tackling the TB crisis was being forced on local authorities by the lack of beds, he said.

Countrywide, there is one bed for every five notifications of TB — but in the Western Cape the shock statistic is one bed for 25 notifications.

"Out-patient treatment is unsuited to at least 30 percent of TB victims, because they are unemployed and of no fixed abode, making follow-up extremely difficult," Dr Popkiss said.

"But here in the Cape, local authorities are expected to handle 90 percent of TB patients," he said.

Paying tribute to city council clinic staff, Dr Popkiss said they did excellent work in the face of "unbelievable" odds.

A spokesman for Santa said there had been 9 550 cases of pulmonary TB notified in the first eight months of this year in the Western Cape, but not all cases were notified.,

"Sometimes people are virtually collapsing by the time they're treated.

"Many feel there is a stigma attached to the disease and hesitate to seek treatment, so that by the time they're diagnosed it's too late.

"There is also a problem with people starting the treatment and then failing to keep it up, and relapsing. This makes them doubly difficult to treat, for by this time their disease is resistant to the treatment, and they can pass this resistant form of the disease on, making the germ very difficult to kill off."

Out-patient treatment was an acceptable option, depending on how sick the patient was and how committed they were to completing the course.



HUNGER STRIKE . . . About 70 tuberculosis patients are on a hunger strike at Santa's D P Marais Centre because they do not receive disability grants.

Picture: ALAN TAYLOR

CT. 22/10/91

(91)

TB patients go hungry as protest

Staff Reporter

ABOUT 70 black patients suffering from tuberculosis yesterday began a hunger strike to force the Cape Provincial Administration's pensions department to recognise their need for disability grants.

The patients are all being treated at the South African National Tuberculosis Associations's D P Marais Centre in Westlake.

A spokesman for the group, Mr Mongezi Booysen, of Section A in Khayelitsha, said many of the patients stayed in hospital from three months to a year and while coloured patients received grants black patients did not.

Mr Booysen said the patients were under stress because they were worried that their children were "starving at home".

He said applications had been made to the CPA for disability grants but people were still waiting for replies, and some "applications had been cancelled".

"We want to speak to people from the CPA. It is dangerous what we are doing here but we decided to strike until we get an answer.

"It is no use for us to eat here and our children are starving at home," said Mr Booysen.

Queries sent by fax to the CPA at 1.30pm yesterday had not been answered by last night.

TB number one killer – Santa

91

Star 29/10/91

More people died from tuberculosis — up to 36 a day — last year than from road accidents, Santa publicity chairman Pax Moren says in the latest issue of the TB body's newsletter.

He says this makes TB the number one killer of the year.

Mr Moren says that although official figures for 1990 are not yet available, it is safe to predict a death rate from TB of one person every 40 minutes — 36 a day — with a total of 13 140 a year, while the road death figure was 11 315 annually.

He said previous figures put the death rate at between 20 and 25 a day. About 75 000 new cases were notified last year. — Medical Reporter.

TB is the No 1 killer of 1990

Sowetan 24/10/91 (91)

Sowetan Correspondent

MORE people died in 1990 from tuberculosis - up to 36 a day - than from road accidents, according to the South African National Tuberculosis Association.

In the latest issue of Santa's newsletter, publicity chairman Mr Pax Moren said this made TB the number one killer of the year.

Moren said although official figures for 1990 were not yet available, it was safe to predict the TB death rate of one person every 40 minutes, with a total of 13 140 a year. In contrast, about 11 315 die on the roads every year.

Previous figures had put the TB death rate at between 20 and 25 a day.

Moren said in the *TB News* that the disease accounted for 63 percent of all notifiable diseases in South Africa.

He said about 75 000 new cases of TB were notified last year.

"We may have a cure for TB but we have no immediate cure for the social economic factors which brings about the scourge," he said.

R6-m will be spent on TB project in Cape

(91)
ARG 24/10/91

VIVIEN HORLER
Medical Reporter

AN amount of R6 million is to be spent on a new project to fight tuberculosis in the Western Cape.

The money has been granted by the Independent Development Trust for a project to make sure TB out-patients keep taking their tablets.

The Community Health Association of Southern Africa (Chasa), a non-aligned organisation which has been granted the money, aims to reduce TB cases by 30 percent within five years.

While most TB patients can be treated as out-patients, failure to complete a full course of medication is one of the major problems facing health authorities.

Professor Erik Glatthaar, head of Chasa, said about a quarter of TB patients did not take all their tablets, which meant they were liable to have a relapse and the disease would become increasingly drug-resistant.

"People tend to skip pills when they're just on a five-day course of antibiotics, so expecting someone to take four or five tablets a day every day for six months is too much.

"We hope to use this money at a rate of R2 million a year to introduce a supervisor scheme. Every patient will have a supervisor who could be a member of the family, a neighbour, a community health worker, a local chemist or an employer, who will make sure the patient takes all the tablets."

Professor Glatthaar said only about 10 percent of TB cases needed to be hospitalised, but in some parts of South Africa up to 50 percent of patients were hospitalised, at considerable cost.

TB is a major problem in South Africa which, with the advent of Aids, is getting worse.

Every year the Department of Health is notified of about 60 000 cases of TB countrywide, and according to Chasa, a patient dies of TB every hour.

The average rate for South Africans is 185 TB patients for every 100 000. In the Western Cape this figure is between 400 and 600, and half are under five-years-old.

There is a close relationship between Aids and TB. Aids will trigger dormant TB, while TB will accelerate the development of Aids in a HIV-positive person.

Professor Glatthaar said most TB patients were able to continue working and after treatment felt well within a month or two, even though they had to continue their treatment for six months.

"We need employers to help by keeping their workers on, and possibly acting as the treatment supervisor."

Among the incentives will be careful recording of medication by the supervisors, and it is planned that gifts or prizes will be given when a certain period of the treatment is succesfully competed.

"We will no longer tolerate the practice of handing out a supply of tablets for self-administration in areas taking part in the project," said Professor Glatthaar.

The project will be launched in the new year.

R6m to fight TB in W Cape

25/10/91

Staff Reporter

R6 MILLION has been earmarked to fight TB in the Western Cape.

The money was given by Independent Development Trust to the Community Health Association of Southern Africa. It will be distributed over three years.

Fighting killer TB

Sowetan 14/11/91 (91)

THIS week I talk about TB. Most of us know someone who has had TB. You may even know some one who has died of this disease.

There are some people, however, who do not know what TB is.

TB stands for tuberculosis. It is a disease that has been making people sick for many years. Every hour, every day, a person dies of TB in South Africa. Each year about 75 000 people get this disease. Only by learning about this disease can we fight it.

"Who gets TB?"

Any person may get TB. Young and old. There is a bigger chance of getting it if a person lives in a place with many other people with bad houses and poor food.

By having better houses, more space, and better food, we help to fight TB.

"How does a person get TB?"

It is caused by a germ which is spread when a person with TB coughs.

"How do I know if a person has TB?"

A person with TB:

1: Often has a cough that does not get better.

2: Can lose a lot of weight.

3: Can sweat at night even if it is not hot.

4: Can cough blood.

5: Can feel very tired and may not want to eat.

"What can I do if I think someone has TB?"

You must make sure they go to the clinic or the doctor as soon as possible.

Tests and treatment for TB are free. If the treatment is started quickly the person should get better. The longer a person with TB waits before getting treatment, the more chance there is of passing on the TB germ.

"Can TB be cured?"

Yes. But if the TB has been bad, the person may have a weak chest even when the TB is better.

"What is the treatment?"

The treatment is three or four different medicines taken everyday for six months. Most people who are not treated will die.

"Must all people with TB go to hospital for six months?"

No. Only people who are very sick or forget to take the treatment must go to hospital. Most people can be at home or keep on working.

So a person can -

1: Get someone at home or in the community to make sure they take the medicine.

2. Go to the clinic everyday for treatment.

3. Get treatment at work everyday.

"Can a person pass on the TB germ if they are on treatment?"

Yes, this BCG stamp will help to stop TB but it is still possible to get it even if you have had the stamp.

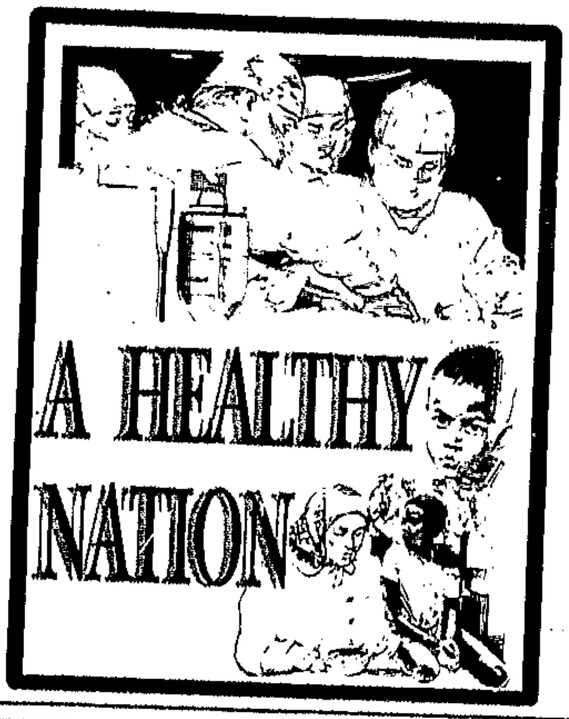
"Could people with Aids get TB?"

Yes. Aids makes the body weak so that it is easy to get sick from this disease. Many people in this country who have Aids will die of TB.

"What can the community do about this terrible disease?"

1: Teach people what you know about TB.

2: Make sure anyone you think may have TB goes to the doctor or clinic.



900 new TB cases in Paarl in a year

(91)
27/2/91

PAARL — About 900 new cases of tuberculosis were reported at Paarl during the year, with 300 cases involving children, the Medical Officer of Health for the town, Dr Pieter Rens, said yesterday.

This was 100 more than the previous year.

Overcrowding was one of the main causes of TB and where a large number of people lived in a single house whole families could contract the disease, Dr Rens said in a statement.

A general improvement in the standard of living could solve the problem to a large extent.

Meanwhile, in New York, federal health officials yesterday expressed concern over outbreaks of multi-drug resistant tuberculosis.— Sapa and UPI

Treatment is shabby - patients

Sowetan 13/12/91. 91

By IKE MOTSAPI

MORE than 300 patients at Santa TB Hospital in Soweto yesterday staged a lunch-time demonstration to protest against what they described as "unhealthy food".

The singing and chanting patients refused to eat and alleged that they had been treated shabbily "because we happen to suffer from TB".

A spokesman for the patients, Mr Simon Nkoana, accused the authorities of not caring for the welfare and care of the sickly people.

He claimed that:

* Patients are starving;

* The authorities do not allow patients to go outside to buy better food;

* The kitchen is stinking and unhealthy; and that

When food is available, patients are forced to eat rice and chicken almost everyday.

Nkoana said: "We are really having it tough here. We are even forced to buy milk whenever we need it.

"When we complain that we do not get meat, we are told that we should go and slaughter sheep and goats ourselves."

A Mr Swanepoel, an official at Santa, refused to talk to *Sowetan*.

Santa PRO Ms Julia van Heerden said: "The problem arose when the kitchen was being renovated. Everything is now back in place."

TB: Poverty's grim reaper

Cipres 5/11/92 (91)

FREDDY used to be a bright and lively four-year old who lived in a poor coloured area in Cape Town.

He shared a tiny home with his unemployed father, his mother, who works as a domestic worker in a far-off wealthy suburb, and his four brothers and sisters.

He developed a nasty cough which didn't go away, but his mother didn't worry, because the kids always seemed to have coughs and colds.

Freddy began to look thinner and paler and grew tired very easily.

But it wasn't until the child had a fit that his mother realised just how sick he was and took him to the nearest clinic.

The doctor immediately admitted the now-dangerously ill boy to hospital, where his mother was told he had tuberculosis (TB) complicated by meningitis and that he might die. Freddy didn't die but a month or so later when he left hospital he was deaf, partially blind, he couldn't walk and would never improve.

Today, more than 100 years after UK immigrants introduced the disease into the country, TB is the most common notifiable disease in South Africa.

Reliable figures are not available, but according to Mamphele Ramphele and Francis Wilson in a report for Unicef in 1989, about 74 percent of sufferers are black, 23 percent are coloured and the remaining three percent are Indian or white.

About 60 000 cases a year are notified, (not including the bantustans), and about 10 000 of these are from the Western Cape alone. Cape Town City Hospital's Dr Greg Hussey says the figures do not reflect the true picture, which is much worse.

Pulmonary TB (affecting the lungs) accounts for 90 percent of all TB cases in South Africa but recently there has been an increase in disseminated TB, which is the most severe form, and can affect the gut, bones and brain of the victim.

Every child born in hospital receives the BCG vaccination which offers some protection against TB but as Freddy's case showed, it is not 100 percent reliable.

TB is primarily a social disease which thrives in poor conditions of poverty and overcrowding where malnourished people are especially susceptible.

It is ironical that this preventable disease is now affecting thousands of people in the richest country in Africa, simply for want of provision of basic resources such as decent housing and a good diet.

Diseases associated with malnutrition are taking a heavy toll among South Africa's children.

In 1989, leading paediatrician Dr John Hansen said about one-third of all black children were underweight, or stunted, for their age.

In the same year, Cape Town's Tygerburg hospital had records of 141 African and 21 coloured children who were admitted suffering from acute starvation (marasmus). No white children were admitted with the same problem.



SPARING THE INNOCENTS ... Children celebrate South African National Tuberculosis Association week in Bekkersdal.

In many of the poor rural areas, such as the Ciskei, the figures are much higher and chronic malnutrition (kwashiorkor) is said to be widespread especially among black children though accurate figures are not available.

In 1968, the government declared that kwashiorkor was no longer a notifiable disease. The figures were supposedly unreliable but this was simply a way of avoiding the embarrassing and growing problem of starving children.

It is another disgraceful legacy of apartheid that extensive malnutrition exists in a country which exports, and dumps as much food as South Africa.

In the Cape, the Peninsula School Feeding Association, established in 1958, feeds 147 000 primary school children in 368 schools every day, says organiser David Galland.

A few years ago, when they were only feeding about 40 000 children, they could give them eggs and milk, soup and bread. Now the association needs at least R2-million a year just to provide soup and bread. When bread prices went up by 15 percent recently, it meant an increase of R200 000 in their yearly budget.

Operation Hunger feeds 94 000 people a day in the Western Cape and for most it's the only meal they get.

The organisation feeds the very young and the very old with a highly nutritious, easily digestible soup developed especially for undernourished people. Sadly, children older than 12 are refused food. This is because malnutrition can adversely affect the brain until a child is about 12 and Operation Hunger hopes to prevent such damage before it is too late.

Operation Hunger's regional director Sandy McAllister says it is heartbreaking to have to turn away hungry children because they are too old, but limited resources demand a cut-off point.

A few local businesses help with funding but the organisation raises a lot of the funds itself. It receives no government grants or subsidies and struggles to raise money.

In Cape Town there are several small feeding projects. About eight years ago a teacher at a local school in the fishing village of Kalk Bay noticed some of the children were actually fainting from hunger in the mornings. It turned out they didn't get breakfast and some children were so hungry they had been eating sand.

A community project now feeds about 45 children aged six to 12. They get porridge and cocoa for breakfast and a nutritious stew and bread for lunch.

Even if there is no food at home, these children can get at least two good meals a day. Their ability to concentrate, and consequently the standard of their schoolwork, has improved dramatically.

For 30 cents, adults can also have lunch and project volunteer Peggy North says this attracts the elderly, the unemployed and surfers from Kalk Bay reef.

In Lavender Hill, a poor coloured area, the local community began running soup kitchens about four years ago when they realised just how many people were going for long periods with nothing to eat.

Three times a week, four housewives, known as Auntie Gertie, Auntie Pauline, Auntie Fatima and Auntie Naboe, serve meat and vegetable soup to about 40 hungry people. Sometimes, says Auntie Gertie, the local gangsters come in for some lunch "but they always behave themselves when they do".

The Catholic Welfare and Development Bureau have been running 12 community kitchens starting five years ago. To promote self-help they allow local women to run them as private businesses.

People can buy a cup of soup for five cents, a plate of soya stew and rice or samp for 20 cents and a fortified peanut butter biscuit for 10 cents.

Project leader Barbara Beaumont says since the dramatic rise in food prices, especially dairy products, over the last few months people are struggling to survive and the kitchens are selling more food.

At many of their kitchens, she says, "there are long queues of hungry children, who really look as if they need a good meal".

Pastor Richard Mitchell of the Bethesda Gospel Church in Cape Town is the director of a welfare organisation which provides food in one of the local squatter camps. They feed 100-200 people a day and Mitchell says it is unbearable "when the food runs out and there are still people waiting in the queue". – AIA

TB pioneer says bonjour

ARG 18/1/92

FEROZA MILLER
Weekend Argus Reporter

A UNIVERSITY of Cape Town PhD student has become the first non-French recipient of a prestigious World Health Organisation fellowship to study in France.

Ms Shamila Nair, 31, leaves next week for the Pasteur Institute in Paris, where she will complete her thesis in microbiology.

Ms Nair's research has centred on isolating and partly sequencing two mycobacterial genes, one of which helps to protect people against tuberculosis, a disease in which South Africa has one of the world's highest incidence rates.

Working under the supervision of Dr Lafras Steyn, of UCT's Medical School, Ms Nair has isolated a gene, *rec*A, which helps to protect the bacterial chromosome against mutations that could lead to genetic changes.

The second gene, *kat*G, has been implicated in resistance to TB.

Ms Nair moved to UCT after receiving her MSc at the University of Natal. Since joining Dr Steyn in 1989 she has been to Italy and Germany. This is her second trip to Paris.

"In 1990, I was awarded a German Academic Exchange Programme scholarship to do research at Borstel, the oldest TB research centre in Germany," she said.

"While in Germany I was invited to speak on the *rec*A gene at a conference in Paris. I met people from the Pasteur Institute who were very interested in my work, since for years they had been looking for the gene which I had isolated in my research."

On the eve of her departure, Ms Nair has not yet mastered French, "maybe because I've had butterflies fluttering around in my stomach since I heard I'd got the fellowship two weeks ago".

Dr Steyn, who has been researching the disease in the Medical School's molecular laboratory which he started in 1984, said TB was caused by a slow-growing organism.

"It is highly infectious, dangerous to work with and it takes a long time to deliver decent results. But with genetic engineering we can work with an organism safely," he said.

Many Aids patients were diagnosed because they had TB, so this field of research was particularly important.

Tuberculosis is highly prevalent in the Western Cape and it is estimated that as many as 15 people in 1 000 of the coloured and black population may be infected — more than 100 times higher than in developed countries like the United States.



Picture: ANDREW INGRAM, Weekend Argus.

RESEARCH TEAM: University of Cape Town tuberculosis researchers Ms Shamila Nair and Professor Lafras Steyn

TB strikes the poor in a land of plenty

South 23/11-29/11/92
(Southside) (91)



ABOVE: More and more children are starving to death in Africa's riches country

Preventable diseases, such as TB, are affecting thousands of people in the richest country in Africa, simply for want of a healthy diet, reports MUFF ANDERSSON:

FREDDY USED to be a bright four-year-old who lived in a poor coloured area of Cape Town. He shared a tiny home with his unemployed father, his mother, who is a domestic worker in a wealthy suburb, and his four brothers and sisters.

He developed a nasty cough but his mother didn't have it treated, because her children always seemed to have coughs and colds.

Freddy began to look thinner and paler and grew tired very easily. But it wasn't until the child had a fit that his mother realised just how sick he was and took him to the nearest clinic.

The doctor immediately admitted the dangerously-ill boy to hospital, where his mother was told he had tuberculosis (TB) complicated by meningitis and that he might die.

Freddy didn't die, but a month or so later when he left hospital he was deaf, partially blind, he couldn't walk and would never improve.

More than 100 years after British immigrants introduced the disease into the country, TB is the most common notifiable disease in South Africa.

Reliable figures are not available, but according to Dr Mamphela Ramphele and Professor Francis Wilson in a 1989 report, about 74 percent of sufferers are African, 23 percent coloured and the rest Indian or white.

About 60 000 cases a year are notified, (not including the bantustans) and about 10 000 of these are in the Western Cape.

Pulmonary TB (affecting the lungs) accounts for 90 percent of cases in South Africa. But recently there has been an increase in disseminated TB — the most severe form which can affect the gut, bones and brain.

Every child born in hospital receives the BCG vaccination, which offers some protection against TB. However, as Freddy's case showed, it is not 100 percent reliable.

TB is primarily a social disease which thrives in conditions of poverty and overcrowding where malnourished people are specially susceptible.

It is ironical that this preventable disease is now affecting thousands of people in the richest country in Africa, simply for want of decent housing and a good diet.

Diseases associated with malnutrition are taking a heavy toll in deaths among South Africa's children.

In 1989, leading paediatrician Dr John Hansen said about one-third of all black children were underweight, or stunted, for their age.

In the same year, Tygerberg hospital had records of 141 African and 21 coloured children who were admitted suffering from acute starvation. No white children were admitted with this problem.

In many of the poor rural areas, such as the Ciskei, chronic malnutrition (kwashiorkor) is said to be widespread specially among black children, though accurate figures are not available.

In 1968, the government declared kwashiorkor was no longer a notifiable disease. The figures were supposedly unreliable — but this was simply a way of avoiding the embarrassing and growing problem of starving children.

Extensive malnutrition exists in South Africa — a country which exports and dumps tons of food each year.

The Peninsula School Feeding Association (PSFA), established in 1958, feeds 147 000 pupils at 368 primary schools in the Cape every day, says organiser Mr David Galland.

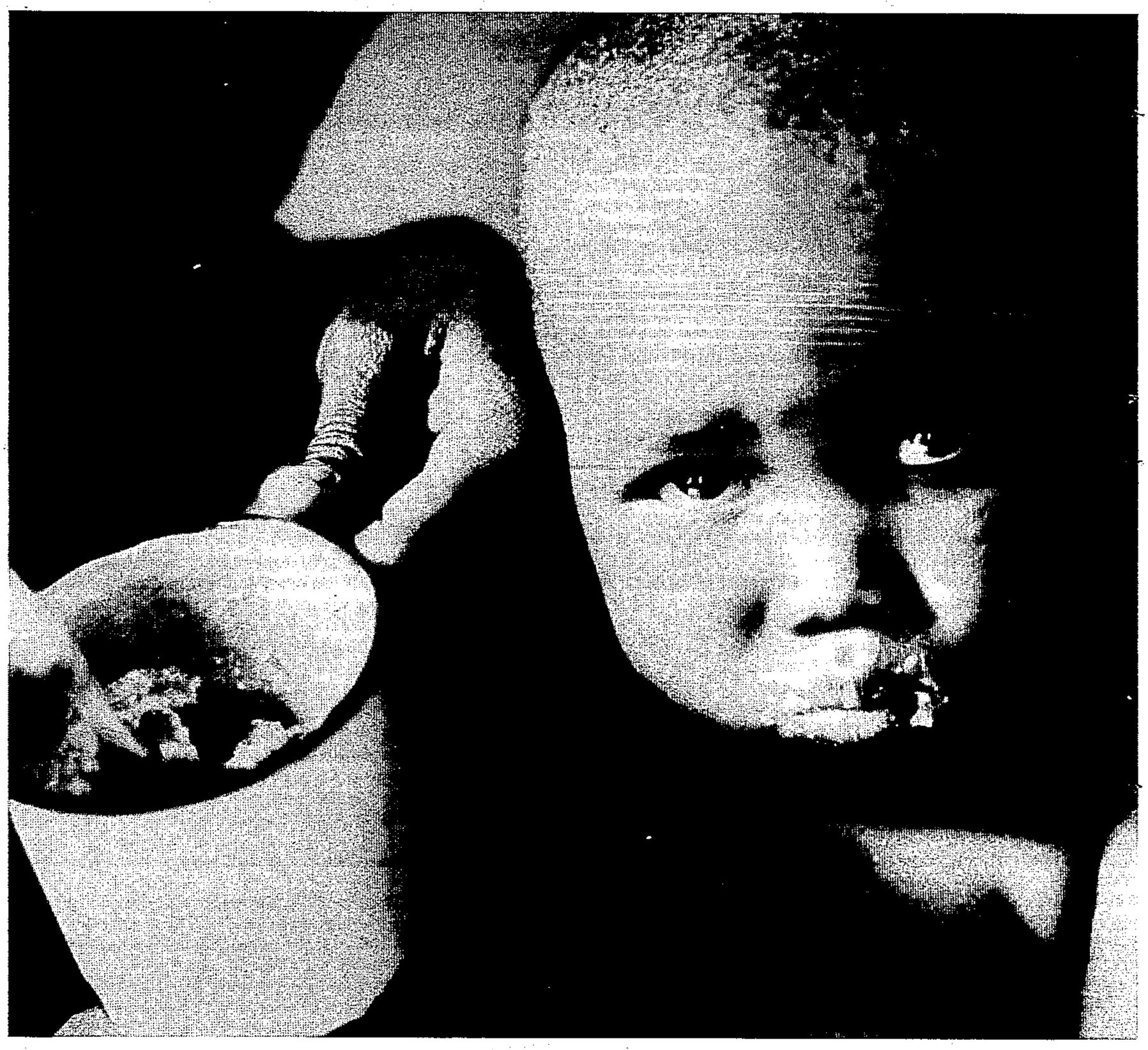
A few years ago, when they were feeding only 40 000 children, they could give them eggs, milk, soup and bread. Now, the PSFA needs at least R2-million a year to provide just soup and bread.

When the bread price increased by 15 percent recently, it meant an increase of R200 000 in the annual budget.

Operation Hunger feeds 94 000 people a day in the Western Cape, and for most it is the only meal.

The organisation feeds the very young and very old with a highly nutritious, easily digestible soup prepared for undernourished people.

Sadly, children older than 12 are refused food. This is because malnutrition can adversely affect the brain until a child is about 12 and Operation Hunger hopes to prevent such damage.



VICTIM: The government is turning a blind eye to thousands of children starving and suffering from preventable diseases

Regional director Ms Sandy McAllister says it is heartbreaking to turn away a hungry child, but limited resources demand a cut-off point.

In Cape Town there are several small feeding projects. About eight years ago a teacher at a school in Kalk Bay noticed some of the children were fainting from hunger in the mornings.

The teacher discovered the children were not eating breakfast and some were so hungry they ate sand to try to fill their stomachs.

Now, a community project feeds about 45 children aged six to 12. They get porridge and cocoa for breakfast and a nutritious stew and bread for lunch.

Even if there is no food at home, these children get at least two good meals a day. Their ability to concentrate and the standard of their school work have improved dramatically.

In Lavender Hill, the community started soup kitchens about four years ago.

Three times a week, four housewives serve meat and vegetable soup to about 40 people.

The Catholic Welfare and Development Bureau has been running what they call community kitchens for the past five years.

To promote self-help, they let local women run the kitchens as their own businesses, which the bureau subsidises.

People buy a cup of soup for five cents, a plate of soya stew and rice or samp for 20 cents and a fortified peanut butter biscuit for 10 cents.

There are 12 such kitchens around Cape Town providing about 60 000 meals a month.

Project leader Ms Barbara Beaumont says since the dramatic rise in food prices over the last few months, people are struggling to survive and the kitchens are selling more food.

At many of their kitchens, she says, "there are long queues of hungry children, who really look as if they need a good meal".

Pastor Richard Mitchell of the Bethesda-Gospel Church in Cape Town is the director of a welfare organisation which provides food in one of the squatter camps.

They feed 100 to 200 people a day. The pastor says it is unbearable "when the food runs out and there are still people waiting in the queue".

These projects rely entirely on the goodwill of local people who give generously of their time and energy, running kitchens and raising funds. □

AIA

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Riddle of the rise in Western Cape TB

(91) ARG 25/1/92

THE number of people with tuberculosis in the Western Cape has been rising sharply for five years — and no one quite knows why.

This is being studied by scientists from the Medical Research Council.

"The increase probably relates to general socio-economic conditions and may reflect the conditions of about 15 years ago," said Dr John Seager, head of the MRC's new urbanisation research programme.

"Urbanisation leads to overcrowding, which increases the likelihood of infections.

"What we don't understand is that while urbanisation is happening all over South Africa, the increase in the TB rate seems to be confined to the Western Cape."

Dr Walter Prozesky, the MRC's deputy president, said it was "crucial" to know why the increase was happening only here.

"If we don't know why, and don't take appropriate measures to stop it, the whole country could go the same way."

Until about 10 years Congo fever was not known to exist in South Africa. "People just got sick, started bleeding and died of an unknown cause," Dr Prozesky said.

"Then the virus was found and identified. It is carried by ticks on sheep and cattle and farmworkers can be affected.

"Now we know where it occurs, who is most at risk, how to prevent it, how to treat it when someone is infected, and how to isolate that patient so that others are not infected," he said.

Growing concern over tuberculosis

91

The Argus Foreign Service AKG 29/1/92

LONDON. — A deadly form of incurable tuberculosis is causing growing concern in London.

Doctors report that because they are powerless to keep the infected in hospital, the disease is being steadily spread around the capital.

Several dozen cases have come to their attention, mostly among down-and-outs and illegal immigrants who are reluctant to be admitted to hospital.

Typically, they undergo only about a month of the prescribed nine-month treatment. This has the effect of killing off weaker bacteria, but strengthens stronger ones, the doctors report.

As the process is repeated and a different antibiotic is used, a completely resistant bacterium quickly develops.

HEALTH

Everyone should be vaccinated against tuberculosis

STAR 6/2/92

Tuberculosis is an infectious disease which may attack any part of the body, but it is usually the lungs that are infected. In this case we speak of pulmonary tuberculosis. The **Department of National Health and Population Development** discusses this disease. (9D)

Tuberculosis is spread mainly by tiny drops called droplets which carry the disease germs from infected people to healthy persons.

These infected droplets are produced when a person with tuberculosis coughs while other people are close by. Many healthy people become infected this way.

In South Africa more than 50 000 newly discovered tuberculosis cases are reported each year, and many people die from it.

This disease is caused by a type of germ, the tubercle bacillus, found in humans, cows and birds. These germs are spread by droplets which a tubercular patient expels into the air when he talks, coughs, laughs or sneezes. They can also be introduced into the internal stomach area by means of contaminated food which is made impure by having these germs in it, such as milk from tubercular cows.

Symptoms suggestive of TB are:

- Dry or productive cough.
- Loss of appetite.
- Weight loss.
- Pain in the chest.
- Shortness of breath.
- Coughing up food.

Attend a clinic or see your doctor if you have a productive cough or cough plus two of the abovementioned symptoms. A person who may be thought to have tuberculosis must be sent for a medical examination at the nearest doctor or clinic.

If the diagnosis is positive, showing that tuberculosis germs are present, he must be treated.

Luckily, tuberculosis can be prevented. Natural infection by the tubercle bacillus can be prevented or greatly weakened by the BCG vaccine. As natural infection usually takes place in childhood, the earlier BCG is given, the better.

Every effort, therefore, must be made to see that the newborn baby is given the vaccine. In fact, regulations brought out in 1973 makes BCG vaccination a MUST for infants before they reach the age of six months.

Every effort, therefore, must be made to see that every newborn baby is given the vaccine. BCG vaccine should be given again at three months of age if there is no scar and repeated on school entry and on school leaving.

Contact your nearest clinic if this has not been done. The fact that children are actually vaccinated is more important than when they are vaccinated.

Warning on Aids link

Sowetan 12/2/92 (91)

THERE is a growing link between HIV infection and tuberculosis in South Africa, experts warn.

Grim statistics show that one in 20 TB patients in the densely-populated areas are also infected with HIV.

The experts cited poor socio-economic conditions and rapid urbanisation as being responsible for TB.

They concluded that wherever there was an epidemic of HIV, there was an increase of TB.

Increasing

The incidence of TB in the USA was increasing for the first time since 1984, especially in high frequency areas of HIV infection like New York.

By MOKGADI PELA

A correlation between TB and HIV infection in Africa was first reported in Kinshasa, Zaire, where 33 percent of patients suffered from both ailments.

TB symptoms include fever, night sweats, weight loss, cough, sputum production and chest pains.

Diagnosis

As many of these were common to Aids with an accompanying infection, diagnosis of TB was difficult or delayed.

Standard anti-TB drugs were effective for treating TB in patients with HIV.

The drugs include isoniazid, parazinamide and ethambutol.

The experts argue that these "unusual" features persuade them to consider a diagnosis of TB in a person with HIV and vice versa.

C14/3/92 (91)

TB increases in Peninsula

Municipal Reporter

THE number of tuberculosis cases in the city rose by 5,3% from 4 516 cases in 1989/90 to 4 754 cases last year.

TB remains the largest single communicable disease problem in Cape Town, says the latest report of the Medical Officer of Health.

Just over 35% of all TB notifications came from Langa and Guguletu and there were 14 deaths from the disease in Langa and 38 in Guguletu. C 4/3/92

In the Peninsula 20 911 schoolchildren, 1 201 pre-school children and 11 856 others people were immunized against TB.

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2 300 die of(8)

Fight against TB

Sowetan 12/3/92 (91)

THE nursing profession and traditional healers in Winterveldt, north of Pretoria, will meet next Wednesday in a joint campaign against the spread of tuberculosis.Speakers from both sectors would address a meeting on the subject as part of TB Week - *Sapa.*

...yesterday, in ... we are working along with it."

Move to privatise beach huts

Municipal Reporter

COUNCIL officials believe that the existing 184 wooden bathing huts on Muizenberg beach ought to be privatised.

At present the huts are let on a seasonal basis by the council. The council also meets the costs of maintaining them.

Town planner Mr Neville Riley suggested the bathing huts on the St James side of the Pavilion be removed because they were in the way of beachfront development.

The huts on the Strandfontein side of the Pavilion should be retained in the meanwhile.

A report is to be drawn up about the best method of privatisation.

SA Library 'underfunded'

CT 3/4/92

Municipal Reporter

THE board of the South African Library claims it is being hampered by underfunding.

It warns in its latest annual report that the state is continually failing to fund it at a level that will enable it to fulfil its functions.

In the year under review, 1991/2, the library's grant was reduced from R3,6 million to R3,2 million.

"To balance its budget, the board was forced to use the full amount in its stabilisation fund, R323 000, and a number of posts had to be left vacant."

In terms of the National Libraries Act, the library should render a book restoration service on a national basis, yet it had just one qualified restorer on its staff, the report said.

A computerised retrieval system had been installed, but there were no funds available for entering the records in the card catalogues into the system. This task was expected to cost R1m.

● Meanwhile, the Cape Town City Council has persuaded the Cape Provincial Administration to postpone a proposed change in its subsidy formula for the municipal library service. The change would have meant less money for the council.

FREEDOM OF THE CITY ... Smartly turned-out sailors f the South African Navy yesterday marched, bayonets fi colours flying, past the City Hall to celebrate the Navy's 70th the right to the Freedom of the City. President F W De Klerk by a Fleet Review in Table Bay Harbour with up to 17 ships part.

Jeweller guilty of robbery

Staff Reporter

A PRETORIA jewellery maker was yesterday convicted in the Cape Town Regional Court of assaulting and robbing a Sandton businessman.

Steven Allen, 29, of Sunnyside, Pretoria, had pleaded not guilty.

Mr G Bruwer found that he had taken over Mr James Burns's car at knifepoint in Regent Road, Sea Point on January 6 and had threatened to slit his throat if he did not give him money.

Allen will be sentenced today.

Bérégovoy tak over as French



NEW PREMIER ... Pierre Bérégovoy

PARIS. — Bérégovoy over as Fr minister from an Mrs Edit and faced ing task o ruling Soc out of the

Presiden Mitterra nounced a time that M had resign finance an minister h his sixth pr ter. — Da graph

Waste disposal at hospitals changed

CT 3/4/92 **Political Staff**

THE medical waste disposal system at provincial hospitals in the Cape Peninsula and Durban had been changed, the Minister of National Health, Dr Rina Venter, said yesterday.

Although privatisation was being considered at other centres, increased costs were hampering its introduction, she said in reply to a question tabled in Parliament by Mr Mike Ellis (DP, Durban North).

In specific cases, such as in Cape Town, the Greater Peninsula area and Durban, changes to the waste disposal at hospitals under the control of provincial administrations were introduced in the 1991/2 financial year.

TB cases 'keep rising'

(91) CT 3/4/92

Political Correspondent

THE number of cases of tuberculosis in South Africa continues to rise, with 67 056 cases reported last year.

The Minister of National Health, Dr Rina Venter, said yesterday that 47 233 cases were reported among blacks outside the TBVC homelands last year, 18 554 among coloureds, 748 among whites and 521 among Indians.

There has been a steady increase in TB cases over the last five years — from 50 991 cases in 1986 to 67 065 in 1991.

Replying to a question from Democratic Party health spokesman and MP for Durban North, Mr Mike Ellis, Dr Venter said that there were 4 194 cases of malaria among blacks last year, 140 among whites, eight among coloureds and non among Indians.

There were 1 791 cases of measles among blacks, 143 among whites, 129 among coloureds and 25 among Indians.

There were 1 045 cases of typhoid among blacks, 35 among coloureds, 20 among whites and 16 among Indians.

Mr Ellis said the figures were "shocking" evidence of the neglect of primary health care service.

He said the widespread incidence of notifiable diseases was actually far worse because the figures released by Dr Venter did not take into account the independent homelands.

Sowetan 23/4/92

Fight TB campaign

By MOKGADI PELA

THE South African National Tuberculosis Association is to hold its annual educational campaign from April 25 to May 9.

The programme, dubbed "Give our children a future - Fight TB," is aimed at children, who are also at risk from the disease. Latest statistics show that 36 people die daily from TB while 80 000 cases are reported annually.

Santa has treated more than 200 000 children for TB over the past eight years.

The event will be officially opened by Mrs Marike de Klerk, wife of State President FW de Klerk. Musician Sipho "Hotstix" Mabuse will perform throughout the day.

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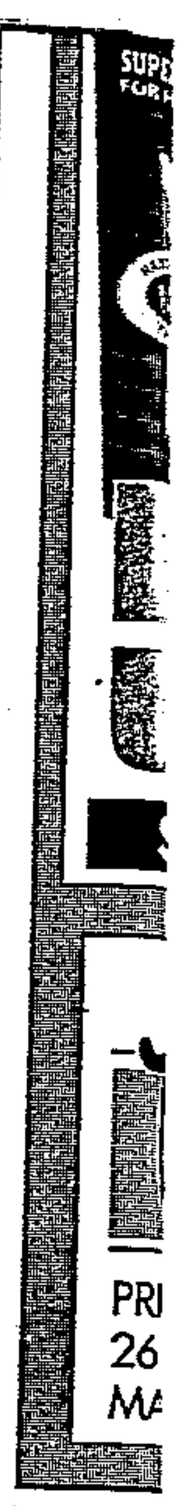


Fund-raising day to heighten awareness of TB (91)

Staff Reporter STAR 24/4/92

The appearance of a new drug-resistant form of tuberculosis adds urgency to South African National Tuberculosis Fund-Raising Day which will be launched countrywide tomorrow.

Theo Collins, director of Santa's Community Education, said there was fresh cause for alarm about TB, which is one of the oldest known diseases to man.

Yet at least 36 people die every day in South Africa, or one every 40 minutes.

A significant problem in the fight against TB is lack of funds: mainly the finance to educate people so that early diagnosis and complete cure can be effected.

This will be highlighted by the countrywide Fun Day which will be launched to raise money to fight TB.

President de Klerk's wife Marike will officially open the event in Johannesburg, at Santarama, Wemmer Pan, tomorrow.

This year's events are planned under the shadow of economic recession and unemployment combined with devastating drought which spell a resurgence of TB.

A full programme of family entertainment at Santarama includes a guest appearance by Miss South Africa Diana Tilden Davis, cultural events such as dancing and choir contest with an appearance by the Soweto Choir.

Santa urgently needs funds

(91) MRG 24/4/92

Staff Reporter

THE appearance of a new drug-resistant form of tuberculosis adds urgency to the South African National Tuberculosis Association fund-raising day which will be launched countrywide tomorrow.

Mr Theo Collins, director of Santa's Community Education, said there was fresh cause for alarm about TB, which was not only one of the oldest known diseases to man, but was preventable and curable.

Yet at least 36 people died from TB every day, or one every 40 minutes.

A significant problem in the fight against TB was lack of funds: mainly the finance to educate people so that early diagnosis and complete cure could be effected.

Mrs Marike de Klerk will officially open the event in Johannesburg, at Santarama, Wemmer Pan, tomorrow.

clean needles for intravenous drug [illegible]

Cape TB figures highest in the country

Sowt 25/4 - 30/4/92 (91)

THE INCIDENCE of tuberculosis (TB) in the South Western Cape is the highest in the country, and the number of new patients is nearly double that of the Transvaal.

With rising unemployment, poverty and lack of housing the situation can only get worse, according to the head of the municipal health department in George, Mr Abe de Swardt.

He said the South Western Cape — including George, Oudtshoorn and Mossel Bay — last year had 21 858 new TB sufferers compared to 13 028 in the Transvaal. This is in spite of the fact that the area's population was a fraction of the Transvaal.

He also said the Eastern Cape had about 12 000 new patients.

"The George municipality is trying hard to cope with the new TB cases and we are mobilising voluntary workers to help us."



CANDIDATE FOR TB: Every child that is malnourished or underfed is a candidate for TB

He said the biggest problem was that about 20 percent of patients did not take the full course of medication.

They then ran the risk of developing immunity to antibiotics and contracting the disease again.

With a reported 36 people dying daily of this curable disease, a massive injection of funds to provide housing, proper services, jobs and an end to poverty could help to stem the increase. The George municipality, according to De Swardt, was battling to secure funds for housing and basic services in the fight against TB.

The Independent Development Trust and the National Housing Fund had been unable to come up with any money.

More than 600 adults and children in George alone suffer from TB and the South African National Tuberculosis Association (Santa) hospital's 185 beds are full. And there are fears the disease could spread rapidly in Mossel Bay.

"With thousands of workers being made redundant at Mossgas, the rate of unemployment and squatting is on the rise. The potential for a spread of the disease is high," De Swardt said.

"Every child that is underfed or malnourished is a candidate." — **SHADLEY NASH, (Pen)**

Back at the ranch, healthy herds make for healthy humans

STAR 29/4/92 (91)

The farmers' fight against TB and other diseases is on, reports Agricultural Correspondent GEORGE NICHOLAS.

FARMERS are planning to take a hand in combating uberculosis, which is the biggest killer of people in South frica today.

They are deeply concerned bout the incidence of the disase in their cattle herds and he significant health risk it enails for humans.

Many farmers are now calling for a levy to be imposed on heir industry to raise funds for the eradication not only of tuberculosis but also of contagious abortion in their herds, both of which diseases can affect humans.

Tuberculosis can destroy the entire herd of a dairy farmer if he fails to take efficient control measures, and the raw milk from an infected herd is a dangerous source of infection for humans.

Humans consuming raw milk obtained from a cow which is infected with contagious abortion develop an undulating fever and arthritis, and the disease may also cause sterility in humans.

Pasteurised milk obtained from herds which are infected by these diseases, however, is perfectly safe for human consumption.

Schemes to eradicate these diseases have been in operation for some time but the indications are that State veterinarians are no longer able to cope alone with the task of testing herds free of charge.

The high cost of having their herds tested at regular intervals by their private veterinarians has deterred many farmers from taking this option.

A working group of the Red Meat Producers Organisation (RPO) and the State Veterinary Service have held discussions on a possible solution to the problem, and its recommendations are among the various subjects being considered at an RPO congress held in Pretoria yesterday and today.

The relevant motion on the agenda draws attention to the financial losses caused by the two diseases to producers of meat and milk and the health risk faced by consumers, and calls upon the congress to recognise the importance of an uninterrupted, persistent and accelerated campaign aimed at eradicating the diseases.

The motion points out that the first priority requiring attention is the lack of sufficient funds for combating the diseases and it urges the congress to express support for the principle of a levy contribution by the red meat industry.

The motion is to be submitted by the northern Cape and eastern Cape branches of the organisation.

Another motion expresses concern about the ever-widening gap between producer and consumer prices of red meat. C

New tests hasten TB diagnosis

CT 12/5/92 (91)

Staff Reporters

WITH tuberculosis having reached epidemic proportions in the Western Cape, the Medical Research Council (MRC) has introduced new tests to hasten diagnosis of the disease.

The MRC's annual report, tabled in Parliament yesterday, indicates that the TB situation in the country is likely to deteriorate.

MRC research included the monitoring of drug resistance in TB patients and the testing of effective alternative drugs. Possible immunotherapy against TB has also been investigated.

On Aids, the report said: "By the year 2000, between 19% and 40% of South Africa's total health care budget will go towards treating Aids patients and the cost will be between R4 billion and R10b."

By the year 2005, the death toll from Aids will have risen to more than 2,3m, and between 18% to 24% of the adult population will be HIV-infected.

Key MRC Aids research projects include the development of new diagnostic methods and a national Aids education package aimed at secondary school pupils.

The report also points to Cape Town as having the highest recorded injury rate in the world. Each year one in ten people in greater Cape Town needs treatment for a fresh injury.

● The MRC report revealed that 14% of boys and seven percent of girls in Std 6 at Peninsula schools were sexually active.

The figures, based on anonymous responses to questionnaires at 16 Peninsula high schools, rose to 31% for boys and 25% of girls in Std 10.

● An MRC delegation has reopened technical discussions with the World Health Organisation's regional office in Congo, after ties were broken in 1974.

Quick and cheap TB tests

By Paula Fray STAR 13/5/92

A cheap, quick tuberculosis test — which could soon become the yardstick for TB diagnosis in South Africa — has been devised by the Medical Research Council (MRC) in an ongoing fight against the epidemic disease in the western Cape.

Researchers say the cost of the test could be six times less than current tests. The time taken to obtain results varies between 12 and 48 hours. At present, standard tests take between 10 days and eight weeks. (91)

"Between 6 and 10 million South Africans are infected with TB, resulting in over 6 000 deaths annually. In the western Cape, which has the highest TB rates in the world, the disease has become an epidemic," said the MRC.

Nationally the situation was likely to worsen, with TB infections developing in HIV-positive and Aids patients as suppression of the immune system made patients more susceptible.

"HIV infection is regarded as the most important known risk factor in activating latent TB," said the MRC.

The way to rapid and inexpensive diagnosis of TB had been facilitated following development, by the MRC's Centre for Molecular and Cellular Biology at the University of Stellenbosch, of a technique to test sputum.

HOSPITAL CASH CUTS MEAN NO BEDS FOR LONG-TERM TREATMENT

Crisis for children suffering from TB

Sl Times [Cape metro]
24/5/92 -
(91)

By EVE VOSLOO

MORE than 25 seriously ill babies are waiting to be admitted to the Brooklyn Chest Hospital for long-term treatment for tuberculosis — but there are no beds for them.

The present cash crisis in hospitals means there is not enough money to increase staff and make more beds available.

And the recession, unemployment and an increase in the incidence and severity of TB among children in the Western Cape mean that the situation is going to get worse.

This was said this week by Dr Greg Hussey, who heads the pediatric infectious diseases unit at UCT. His work includes overseeing infectious disease treatment at Somerset, Red Cross, Groote Schuur and Brooklyn Chest hospitals.

Reasons

Dr Hussey said the incidence of TB had been increasing steadily for the past three years, and researchers did not know why.

The incidence of the disease in the Western Cape was also twice as high as the national average — also for reasons that were not clear.

About 60 000 new cases were reported all over South Africa every year.

About 9 000 of these were in the greater Cape Town area — 2 500 of them involving children.

Dr Hussey said TB was spread fastest in conditions usually associated with poverty — poor nutrition and overcrowding.

Children were particularly vulnerable because unlike in many other diseases, no immunity to TB was passed on from the mother during the baby's first three months of life.

The disease could be cured but treatment took about six months and people were inclined not to complete the treatment, stopping when most of the symptoms disappeared.



FIGHTING TB ... Dr Greg Hussey, head of UCT's pediatric infectious diseases unit, with a sick baby at City Hospital. Many others can't be admitted Picture: TERRY SHEAN

Severe

The only way to eradicate the disease was to eradicate poverty.

"That is the root of the problem," Dr Hussey said.

He said apartheid had actually "bred" TB.

"We have not had a single case of severe TB in a child classified 'white' while we have easily seen a hundred black children with severe TB in the past few years," he said.

Until the conditions under which the disease bred so rapidly were eradicated, however, appropriate programmes were needed to alert people to the symptoms of the disease so that they could get their children help as soon as possible.

These programmes were now being developed at grassroots level, as were progressive primary health care networks.

Nearly all children in the greater Cape Town area were innoculated against TB at an early age, but unfortunately the vaccine was not as effective as that used for other diseases.

It could lessen the severity of the illness but not prevent a child living in a high-risk environment from getting it.

More TB patients getting Aids too

By DIANA STREAK

AN increasing number of tuberculosis patients in the Western Cape have Aids, doctors say.

A recent victim was a baby who was three months old when she was admitted to hospital. Two months later she was dead, as a result of contracting Aids-related TB.

"In the past few weeks there have been a marked increase in patients with severe TB at our hospital," said Dr Carol Cragg, who recently organised an HIV/Aids workshop at Conradie Hospital.

"These are young people and often they die within days of admission without HIV tests having been taken," she said.

The Western Cape has the highest TB level in the country and perhaps one of the highest in the world, said Dr Aaron Metrikin of the Medical Research Council's National Aids Programme.

"The link we are making is that in many patients diagnosed as having TB, especially disseminated TB, HIV is fairly far advanced," he said.

Poverty

Disseminated TB occurs when the disease has spread from the lungs to other parts of the body.

"A patient who has HIV has a suppressed immune system and is more susceptible to opportunistic infections such as TB.

"Most people in this country have been exposed to TB and TB reactivation is a major problem in HIV infection. TB which was once dormant becomes reactivated in the presence of immuno suppression."

The socio-economic conditions that give rise to the spread of TB are prevalent in the Western Cape. These include poverty, overcrowding, poor nutrition and inadequate health services.

"The socio-economic determinants that lead to TB may contribute to the rapid spread of HIV in the future," Dr Metrikin said.

He stressed that the TB could still be treated but would require longer treatment.

Social restructuring was necessary to limit the spread of the disease, he said.

"HIV should not be seen in isolation but as part and parcel of the socio-economic context which needs to be addressed."

TB the world's biggest killer

CT 31/7/92 (91)

LONDON. — Tuberculosis, the scourge of the Victorians, is making a comeback in Europe, according to consultant physician and writer Dr Frank Ryan.

In his new book "Tuberculosis: The Greatest Story Never Told", he says that the threat of TB had faded to such an extent that British health officials considered stopping vaccination of schoolchildren.

Subsequently faced with growing public health concern over a worldwide resurgence of TB, they "thought it prudent to continue".

Dr Ryan says that by 1990 the World Health Organisation estimated that TB "caused 2,9 million deaths, making the disease the largest cause of death from a single pathogen in the world".

Most worrying for public health authorities in the West are the signs that TB is jumping the wide disease gap between developing and First World countries.

In America, such headlines as "Highly contagious TB close to epidemic level" reflect official concern, and in seven Western European countries notification of cases is up by between 17 and 30%.

Cases of TB in England and Wales rose by about four per cent a year over the past three years. But in the first six months of this year, 2 951 cases were notified which, if continuing at the same rate over the next six months, would mean a rise of about 10%.

As sinister is what Dr Ryan calls an "alliance of terror" between TB and Aids in cities such as New York and San Francisco.

The problem is that those with HIV infection have weakened immune systems and very little defence against TB.

Around one-third of the 90 000 homeless in New York are infected with HIV, and last year there were around 4 000 new cases of TB and 233 deaths. — Telegraph

Resistant TB threat to nurses

(91)
CT 3/8/92

WASHINGTON. — An increasing number of drug-resistant tuberculosis cases indicates a growing risk for health-care workers and for patients whose immune systems are impaired, experts said at the weekend.

Since 1990 more than 200 people have contracted a strain of the chronic lung disease that does not respond to common treatments, most of them in hospitals or other institutions such as prisons, the Centre for Disease Control reported.

The disease is fatal to between 72 and 89% of people who get it, in part because those with Aids or other immune system impairment are most susceptible, the CDC said.

New studies suggest that most hospitals are poorly prepared to handle TB cases and many health-care workers fail to recognise early enough the possibility that a patient has TB, CDC experts said.

"We don't want to give the impression that hospitals are an unsafe place to be," said Dr Michele Pearson, an epidemiologist with the CDC's Hospital Infections Programme. "(But) there have been a number of breaches in the recommended infection control procedures.

"We think this represents what is happening at 95% of the hospitals in the country," she said.

While rubber gloves and face shields can protect against the spread of HIV and other bloodborne organisms, protection against airborne bacteria which cause TB requires masks or respirators and isolation of the air in which a TB patient coughs or breathes.

Tuberculosis is caused by airborne bacteria called mycobacterium tuberculosis, which is coughed up by an infected person and inhaled by the healthy. The initial infection may be so slight that a healthy person will suffer no symptoms or even be aware he is infected with the disease, but the bacteria remain in the body, dormant, until years later when the immune system is weakened by old age or disease. — UPI

Greater Jo'burg sitting on TB time bomb, says Santa

STAR 11/8/92

By Paula Fray
Medical Reporter

91

Greater Johannesburg, particularly Soweto, is sitting on a tuberculosis time bomb because of a dwindling response to the South African National Tuberculosis Association's mobile x-ray unit due to continued industrial unrest.

Santa's Johannesburg director James Leadbetter said yesterday that while appointments for up to 14 500 people were normally made each month, there were only 3 000 appointments this month, as employers had cancelled visits by the unit.

Money raised by the clinics contributes to the salaries of Santa social workers, he said.

The lack of response to a visit by the mobile x-ray unit was causing grave concern as this was curtailing case findings.

"The purpose of the visit is to ensure that the health of all employees is safeguarded. Without this unique service, the examination of large numbers — rapidly and economically — will be non-existent; there is no other equivalent to x-ray service."

If the service were discontinued, an average of 16 000 people a month would no longer be screened for TB, he said. Furthermore, an average of 37 positive cases a month, each of whom would have immediate contact with 32 other people in their home and work circles, would not be detected.

According to Mr Leadbetter, it can take as long as 12 months to finally identify a case of TB without x-rays. TB, an infectious disease, was preventable and curable.

Despite the development of anti-TB drugs and vaccines, official figures showed that the number of TB cases had hardly decreased over 26 years, with 66 701 cases in 1964 and 80 400 in 1990.

Santa's Johannesburg branch was non-profit-making and charges were kept to a minimum. "The net result is that the reserves are limited and if the current climate of labour unrest continues, the mobile x-ray service will be no more.

"Whereas Aids has not yet been brought under control, TB is curable. TB is still the most important infectious disease, not only in South Africa but in the world. It is the number-one killer infectious disease."

However, without the support of unions, workers and employers, one of the great safeguards of industrial health would vanish and, once gone, would not reappear easily.

I have no doubt there will be a Codesa 3 – Viljoen

STAR 11/8/92

By Peter Fabricius
Political Correspondent

State Affairs Minister Dr Gerrit Viljoen is certain that there will be another Codesa negotiating conference — but in a streamlined and simplified form.

He also said this week that he believed the ANC would abide by most of the decisions reached at Codesa 2 in May.

But he feared that the organisation had shifted on at least one crucial agreement at Codesa 2 — that an elected constitution-making body should be bound by basic constitutional principles negotiated by all parties at Codesa.

Dr Viljoen said he had no doubt there would be a Codesa 3.

"Codesa will have to convene to give further consideration to those issues on which agreement has been reached.

"I think everybody agrees that a clumsy, complex and cumbersome decision-making structure has developed at Codesa.

"Therefore, its structure and methods will have to be simplified and adapted to ensure an effective decision-making body.

"I believe the chances are excellent that we will finalise consensus decisions that have already been reached or are awaiting validation."

Call for brand new health care system

KATHRYN STRACHAN

FIVE children die every hour in SA of malnutrition-related diseases, and 12 die every day of tuberculosis, spokesmen for health organisations said yesterday, calling for a fundamental restructuring of the country's health care system.

Speaking at a news conference, National Progressive Primary Health Care Network chairman Prakash Vallabh said latest figures from the Department of Health and the SA National Tuberculosis Association showed the desperate need for transformation of health care service.

"The unfair allocation of health resources in our country has led to widescale death and suffering. What we need is a fundamental restructuring of the health care system."

The network, together with the SA Health and Social Services Organisation, the two largest NGOs in the health sector, said they would hold a conference next week to formulate a health policy to guide SA through its transition phase.

The conference would be addressed by medical experts from 10 developing countries which had important lessons for SA.

Speaking at yesterday's meeting, Cuban doctor Leonardo Mejias said that through the development of a strong primary health programme, his country had almost eradicated diseases such as measles, which plagued SA. Cuba had also achieved a low incidence of malnutrition and tuberculosis.

SA Health and Social Services Organisation spokesman Aslam Dasoo said the conference would focus on the most serious needs of SA communities, especially in rural areas and squatter camps where lack of water, sanitation and refuse removal systems had contributed greatly to poor health conditions.

The conference would also discuss ways of making the private health care industry — which Dasoo said was "running rampant" — more involved in community health.

Conference spokesman Max Price emphasised that a focus on primary health would not mean tertiary and specialised care would be disregarded. But, there would have to be "a reallocation of resources".

Specialised care had an important role to play, especially in keeping medical experts and academics in the country, maintaining high standards and giving citizens a sense of security, said Price.

Rent summonses spark Vosloorus stayaway call

WILSON ZWANE

THE Vosloorus Civic Association has called for a stayaway in the East Rand township today to protest against summonses served on rent defaulters.

Civic association official Ali Maziya said yesterday the stayaway had been called to coincide with the appearance of some residents in the Boksburg Magistrates' Court in connection with non-payment of services.

Vosloorus town clerk George Prinsloo said dwindling revenue from residents had forced the council to take steps against rent defaulters.

These included severe water restrictions.

Prinsloo said less than 10% of the residents were paying their accounts. As a result, the town council had been forced to cut the water supply to residents for 15 hours every second day.

The measure came into effect on Sunday, and according to Prinsloo, it — as well as power cuts and legal actions against rent defaulters — had been taken after a deadlock in negotiations on the payment of services between the council and the Vosloorus Civic Association.

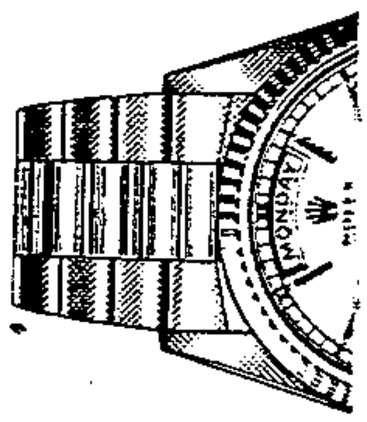
Meanwhile a boycott of Boksburg's businesses by residents from Vosloorus, Villa Lisa, Reiger Park and Palm Ridge entered its second day yesterday.

The boycott, called by the East Rand Civic Association, was aimed at putting pressure on the Boksburg City Council to stop the Vosloorus municipality from attaching properties belonging to rent defaulters.

Boksburg acting town clerk Robert van der Merwe has said his municipality would not tell Vosloorus — an "autonomous" municipality — what to do.

However, Boksburg's management committee was prepared to meet the East Rand Civic Association to discuss their grievances, Van der Merwe said.

Boksburg Chamber of Commerce and Industries vice-president Sandra Morris said a snap survey of 30 businesses had shown that the boycott was in force.



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Breathing new life into war on TB

(91) ARG 14/12/92

ANDREA WEISS
Health Reporter

OPERATION Elsies River, a project to fight TB in one of the worst-affected areas in the Peninsula, is proving a success and may be expanded.

The project involves nine health advisers from the South African National Tuberculosis Association and 88 volunteers whose task it is to ensure that patients comply with their treatment.

TB patients have to take a daily dose of drugs for six months to be cured.

One of the biggest problems of TB control is that many patients fail to keep up their treatment which means they remain ill and infect others, particularly members of their families.

There is also a worrying rise in the incidence of drug-resistant TB.

Reasons for non-compliance include the stigma of the disease and inaccessibility of treatment.

Operation Elsies River involves an "adopt a patient" programme which requires volunteers to ensure that their "patients" take their drugs on a daily basis.

The project also helps by creating a support system for patients and their families, by tracing contacts of TB patients and by motivating patients to be responsible for their own health.

A study done by the Medical Research Council has shown that 99 percent of the patients in Elsies River who were supervised by the "buddies" completed their treatment and were cured.