

**LEGISLATIVE ASSEMBLY OF THE
NORTHWEST TERRITORIES
9TH ASSEMBLY, 5TH SESSION**

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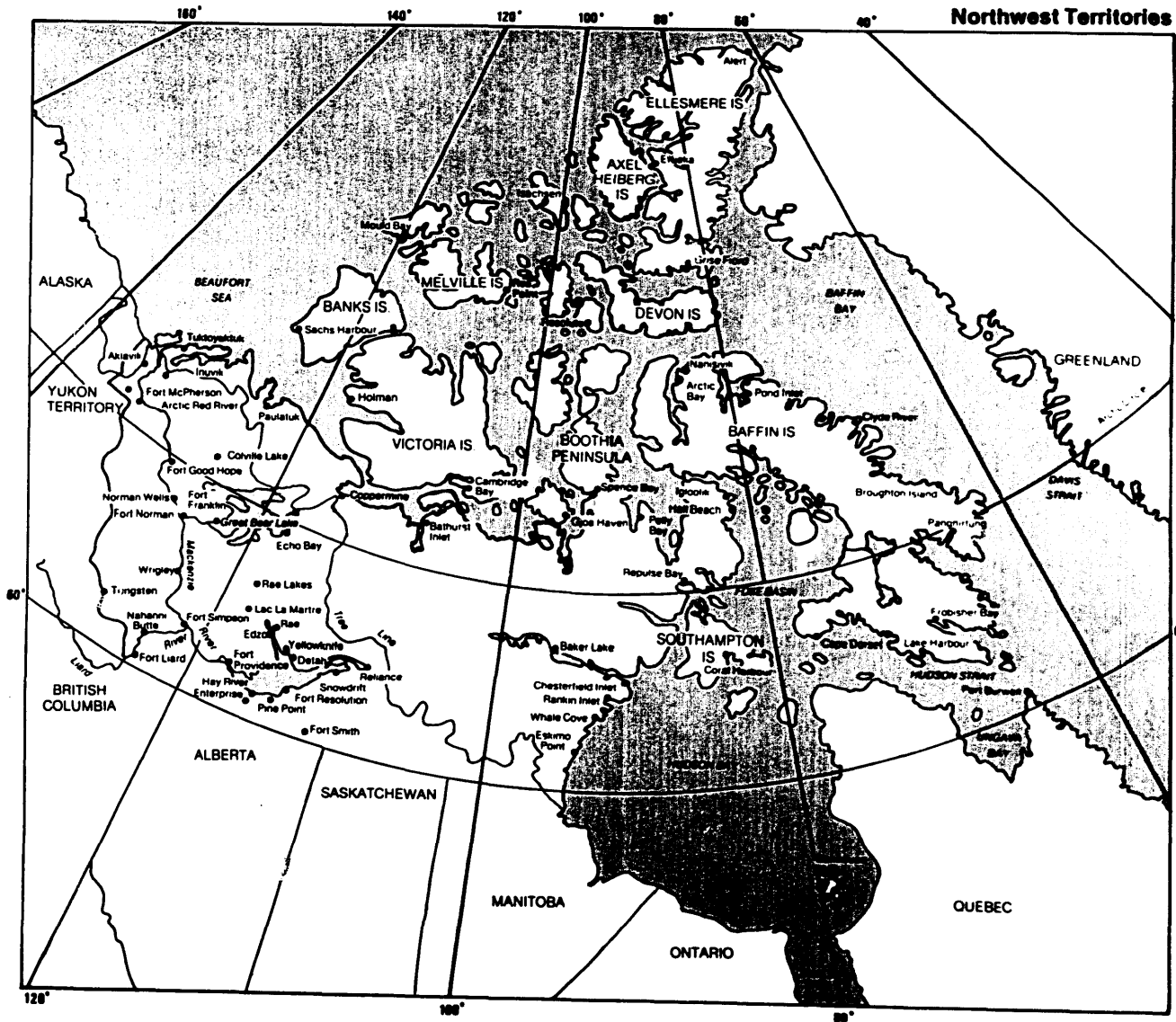
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Report on Health Conditions in the Northwest Territories 1980



**Report on
Health Conditions
in the
Northwest Territories
1980**



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REPORT ON HEALTH CONDITIONS IN THE NORTHWEST TERRITORIES 1980

Regional Director

Medical Services Branch

N.W.T. Region

Department of National Health and Welfare, Canada



INTRODUCTION

Medical Services Branch of the Federal Department of National Health and Welfare provides acute care and preventive services to the majority of communities in the Northwest Territories, with the exception of Yellowknife, Hay River and Fort Smith. Acute care in these centers is provided by the Department of Health, Northwest Territories Government.

The Branch has four hospitals, the 35 bed Frobisher Bay General Hospital, the 55 bed Inuvik General Hospital, and cottage hospitals at Fort Simpson and Rae-Edzo. In addition, there are 39 Nursing Stations, 8 Health Centers and a number of Health Stations. The Nursing Stations are well equipped, with treatment and public health services provided by Nurse Practitioners. These nurses have taken additional training beyond their basic R.N. in public health, mid-wifery, and have gained special expertise in diagnosis and treatment. The Nursing Stations are visited on a regular basis

by Physicians from the Base Hospitals. Specialist services are provided from Yellowknife and the Southern Universities, McGill University in Montreal, the University of Manitoba in Winnipeg and the University of Alberta in Edmonton.

Also, under special arrangements with these universities teaching programs are available in Frobisher Bay, Inuvik, Yellowknife and Churchill. For example, at Frobisher Bay residents in pediatrics work in the General Hospital under the auspices of McGill University Medical School.

In the smaller communities lay dispensers provide treatment services under the direction of nurses and physicians.

When treatment cannot be provided in the individual's home community, arrangements are made for transfer to a center where this service can be provided. For this purpose, subsidized medical travel is provided through the N.W.T. Government Department of Health for non-native residents. This service is provided free of charge to native residents by Medical Services Branch.

Dental Service to communities is provided by private practitioners, government dentists and dental therapists. The dental therapist is a practitioner trained at the School of Dental Therapy in Fort Smith, Northwest Territories. This Federal Government training school was developed to meet the particular requirements for dental services in the North. The dental therapist works alone in the community under the direction of a dentist. These services are directed mainly at the school age population.

HIGHLIGHTS OF EVENTS IN 1980

The Regional Office was officially relocated from Edmonton to Yellow-

knife on February 1st, 1980.

In the fall of 1980, three Health Educators were hired for Mackenzie, Keewatin and Baffin Zones. The Health Educators will work closely with field staff and native people in the development of initiatives leading to increased personal and community awareness of community health.

Two Coordinators of Native Involvement in the health service, one Dene and one Inuit, were hired in the fall of 1980. These two native members of Regional Office will be involved in three areas, the development of a Cultural Orientation Program for the Region, developing new initiatives to encourage native employees within Medical Services Branch to upgrade their skills and to work with native people in the Territories encouraging them to seek employment with Medical Services Branch, and to encourage the development of health committees and health boards across the N.W.T. As part of this program a number of training positions are to be developed in the Regional and Zones offices.

Two health studies were carried out this year including the review of health services in the Keewatin and the Central Arctic. Reports from these studies will be available in the spring of 1981.

With the support of native groups in the Eastern Arctic, the decision was made to enter discussions with the N.W.T. Government, and the Inuit Tapirisat of Canada on a possible contractual arrangement for operation of the Frobisher Bay General Hospital by the N.W.T. Government Department of Health. If successful, such a contractual arrangement would allow operation of the hospital under a Regional Board of Management rather than a Hospital Advisory Board structure as exists at the present time.

The Advisory Board of the Inuvik General Hospital continued to take increasing responsibility in the operation of the Inuvik General Hospital. The Inuvik General Hospital was re-granted accreditation status for a further two years by the Canadian Council on Hospital Accreditation in August 1980. In the continuing reorganization of the Inuvik General Hospital, a Programs Medical Officer and Finance and Administration Officer were hired in 1980.

A review of the Tuberculosis and Chronic Disease function was carried out by the University of British Columbia. The recommendations will be used in restructuring this unit and in rewriting the Tuberculosis Manual for use in the nursing stations.

The report of the Advisory Committee on Indian and Inuit Health Consultation was released by Justice Thomas R. Berger in February 1980. Included in this report was a recommendation to make funds available to native groups across Canada including the N.W.T. for consultation on health concerns. Funds are to be made available to the Dene Nation, and the Inuit Tapirisat of Canada. Native groups have been invited to participate in various activities of the Region including Zone Directors' Conferences. More meaningful involvement on the part of native people will continue to be encouraged consistent with the Indian Health Policy introduced in September 1979 by the Minister of National Health and Welfare.

RELATIONSHIPS WITH THE N.W.T. GOVERNMENT DEPARTMENT OF HEALTH

The N.W.T. Government Department of Health is responsible for the Territorial Hospital Insurance Services Plan, the Territorial Health Care Plan, and supplementary health programs. In addition, the Department operates the Stanton Yellowknife Hospital and the Fort Smith Health Center. The Department

is also actively involved in health promotion activities.

Medical Services Branch and the Department of Health continue to work closely together in providing health services to the N.W.T. Formal communication between the two Health Departments and the Department of Social Services was continued through the Health Coordinating Committee which met on a monthly basis throughout the year under the Chairmanship of the Assistant Deputy Minister, Department of Health.

Medical Services Branch assisted the Department of Health in the establishment of a computerized health management information system for the N.W.T. which became operational in the summer of 1980. It is anticipated the system will be providing reliable data early in 1981.

The Health Resources Center in the Precambrian Building in Yellowknife, developed jointly by both Departments, continued to supply health information materials to nursing stations, schools, hospitals, and health care workers in the N.W.T.

DIRECTION FOR THE FUTURE

Operational difficulties in the Inuvik General Hospital were of considerable concern and it is hoped that the hiring of a Hospital Administrator early in 1981 will lead to improvement in this area.

The difficulty in recruiting full-time dentists to positions in the N.W.T. has hampered the delivery of dental services. We are optimistic that these dentists will be hired in 1980. In the meantime, dental services will continue to be provided in a number of ways including private practitioners in the N.W.T., through contracts with the University of Manitoba and with private dentists in the south.

The Native Health Conferences to be held early in 1981 and the Keewatin and Central Arctic Health Study will provide recommendations that will be used in future planning.

	REGIONAL HEADQUARTERS	INUVIK ZONE	INUVIK HOSPITAL	BAFFIN ZONE	FROBISHER HOSPITAL	KEEWATIN ZONE	MACKENZIE ZONE	TOTAL
SALARIES	1,072,315	1,418,341	2,193,530	2,075,730	1,440,072	1,179,742	2,987,952	12,347,682
O & M	1,266,720	1,002,681	1,304,007	2,020,487	1,464,915	1,585,080	2,462,644	11,106,514
CAPITAL	6,699	222,195	21,056	39,740	228,343	20,339	15,926	554,301
TOTAL	2,345,734	2,643,217	3,518,593	4,135,957	3,133,333	2,785,141	5,446,522	24,006,497
PERSON YRS.	56	57	100	78	65	52	132	540.



LITTLE NORTHERN

DON J. CARDINAL
N.W.T. /81

HEALTH & VITAL STATISTICS FOR 1980

For 1980 the Vital Statistics have been broken down to produce a finer analysis of causes of death by age, sex, ethnicity and location, with particular emphasis on accidents, poisoning and violence, cancer, suicides and infant deaths.

The Livebirths for 1980 showed a downward trend from 1979 and 1978. It is interesting to note the decrease in the birth rate for all ethnic groups over the last ten years.

<u>Year</u>	<u>Indian</u>	<u>Inuit</u>	<u>Other</u>	<u>Total N.W.T.</u>	
1970	41.2	40.8	32.1	40.1	Livebirths - Rate per 1000 Population
1975	26.0	32.4	32.4	31.2	
1980	25.6	32.2	27.7	26.5	

Low birthweight infants for 1980 showed an improvement over the 1979 and 1978 figures overall, with dramatic decrease in Indian children and a small increase in other status children.

<u>Year</u>	<u>Indian</u>	<u>Inuit</u>	<u>Other</u>	<u>Total N.W.T.</u>	
1970	11.1	12.9	8.5	10.9	Low birthweight infants - rate per 100 livebirths
1975	13.1	5.4	3.8	6.0	
1980	1.8	4.9	4.0	4.0	

Still-births are gradually reducing over the last ten years although periodic annual high rates occur due to the small numbers.

<u>Year</u>	<u>Indian</u>	<u>Inuit</u>	<u>Other</u>	<u>Total N.W.T.</u>	
1970	3	10	5	18	Number of Stillbirths
1975	5	4	7	16	
1980	2	4	4	10	

For the fifth year, there were no maternal deaths in the N.W.T..

Deaths in the Perinatal, Neonatal, Post Neonatal and Infant age range continues its gradual reduction with periodic annual high rates due to the small numbers involved. Significant decreases are however shown over the last ten years.

<u>Year</u>	<u>Indian</u>	<u>Inuit</u>	<u>Other</u>	<u>Total N.W.T.</u>	
1970	37.9	40.1	21.8	33.2	Perinatal Mortality Rate
1975	64.0	19.6	18.2	26.4	
1980	9.1	21.6	21.9	19.5	

1970	26.6	26.2	13.1	21.6	Neonatal Mortality Rate
1975	40.4	17.4	9.2	17.5	
1980	0	17.8	16.1	13.9	

1970	26.6	78.4	8.6	43.1	Post-neonatal Mortality Rate
1975	25.2	30.5	3.7	17.5	
1980	4.6	39.6	18.1	24.6	

<u>Year</u>	<u>Indian</u>	<u>Inuit</u>	<u>Other</u>	<u>Total N.W.T.</u>	
1970	53.1	105.0	21.7	64.7	Infant Mortality Rate
1975	65.6	48.0	12.4	35.1	
1980	4.6	39.6	18.1	24.6	

It is interesting to note that Diseases of the Circulatory System in the Indian and Inuit population produced a higher percentage than deaths due to injuries and poisoning; however, injuries and poisonings accounted for more deaths in the other status population than diseases of the Circulatory System.

Concerning Accidents, Injuries and Violence - Firearms, Drowning, and Fire account for 50% of all deaths. There is much variation by ethnicity but again small numbers prevent any conclusion being drawn.

There were no Indian suicides in 1980.

Of the 30 deaths in infants under one year of age - Sudden Infant Death Syndrome accounted for the highest morbidity. Only one Indian infant death was reported during the year.

VITAL STATISTICS - NOTES

1. All statistics relating to vital events which are presented here have been obtained from Certificates issued under the Northwest Territories Vital Statistics Act, for events occurring during the period January 1st, 1980 to December 31st, 1980.
2. Birth and Death Certificate Numbers included in this report are as follows: Births: Certificate No. 01-001 to 02-077; Out of Town Births: Certificate No. 80-01 to 80-150. Six Certificate numbers have been deleted from this report. Usual Place of Residency was outside of the Northwest Territories. The numbers are 001-687, 001-625, 002-036, 80-35, 80-50, 80-52.
Deaths: Certificate No. 01-001 to 01-200; Out of Town Deaths: Certificate No. 80-01 to 80-40. Twelve Certificate numbers have been deleted from this report. Usual Place of Residency was outside of the Northwest Territories. The numbers are 01-001, 01-041, 01-043, 01-044, 01-074, 01-076, 01-078, 01-104, 01-107, 01-145, 01-153, 01-158.
3. Zones referred to are Federal Health Zones. Mackenzie Federal Health Zone consists of the Central Arctic and Fort Smith Territorial Regions. Keewatin Federal Health Zone administers Sanikiluaq which forms part of the Baffin Territorial Region.
4. Causes of death are classified according to the 9th Revision of the International Classification of Diseases, Injuries and Cause of Death.
5. Rates and percentages may not add to 100.0 due to rounding off.

HEALTH & VITAL STATISTICS

Mid Year Population

Birth Statistics

Death Statistics

Deaths from Cancer

Deaths by Accidents, Injuries & Violence

Suicides

Infant Deaths

Stillbirths

Hospital Statistics

MID-YEAR POPULATION FIGURES 1980

	TOTAL	INDIAN	INUIT	OTHER
<u>NORTHWEST TERRITORIES</u>	45,990	8,505	15,650	21,835
<u>BAFFIN</u>	8,263	0	6,916	1,347
Arctic Bay	387	0	377	10
Broughton Island	318	0	312	6
Cape Dorset	742	0	682	60
Clyde River	444	0	413	31
Frobisher Bay	2,444	0	1,624	820
Grise Fiord	91	0	87	4
Hall Beach	398	0	386	12
Igloodik	777	0	751	26
Lake Harbour	299	0	287	12
Nanisivik	286	0	54	232
Pangnirtung	907	0	828	79
Pond Inlet	653	0	612	41
Resolute Bay	168	0	165	3
Sanikiluaq	349	0	338	11
<u>KEEWATIN</u>	4,223	11	3,696	516
Baker Lake	1,038	11	901	126
Chesterfield Inlet	281	0	265	16
Coral Harbour	419	0	378	41
Eskimo Point	988	0	929	59
Rankin Inlet	980	0	736	244
Repulse Bay	328	0	305	23
Whale Cove	189	0	182	7
<u>CENTRAL ARCTIC</u>	3,344	9	2,999	336
Bathurst Inlet	96	0	95	1
Cambridge Bay	884	9	686	189
Coppermine	767	0	727	40
Gjoa Haven	505	0	471	34
Holman Island	346	0	308	38
Pelly Bay	277	0	265	12
Spence Bay	469	0	447	22

MID-YEAR POPULATION FIGURES 1980

	TOTAL	INDIAN	INUIT	OTHER
<u>INUUVIK</u>	7,441	2,519	1,908	3,014
Aklavik	779	342	350	87
Arctic Red River	87	77	0	10
Colville Lake	74	71	0	3
Fort Franklin	552	502	0	50
Fort Good Hope	454	375	4	75
Fort McPherson	787	619	8	160
Fort Norman	332	234	0	98
Inuvik	2,918	216	553	2,149
Norman Wells	364	55	8	301
Paulatuk	167	0	167	0
Sachs Harbour	171	4	152	15
Tuktoyaktuk	756	24	666	66
<u>FORT SMITH</u>	22,719	5,966	131	16,622
Fort Liard	344	321	0	23
Fort Providence	565	438	0	127
Fort Resolution	519	179	0	340
Fort Simpson	981	501	11	469
Fort Smith	2,265	326	27	1,912
Hay River	3,362	448	0	2,914
Jean Marie River	49	46	0	3
Kakisa	40	38	0	2
Lac La Marte	235	233	0	2
Nahanni Butte	93	76	0	17
Pine Point	1,662	357	0	1,305
Port Radium	140	5	0	135
Rae Lakes	178	174	0	4
Rae-Edzo	1,323	1,227	0	96
Reliance	9	4	0	5
Snare Lake	58	54	0	4
Snowdrift	273	247	0	26
Trout Lake	62	60	0	2
Tungsten	507	0	0	507
Wrigley	163	157	0	6
Yellowknife	9,891	1,075	93	8,723

REPORTED VITAL STATISTICS 1960

	INDIAN		INUIT		TOTAL INDIAN/ INUIT		OTHER		PROVINCE OR TERRITORY	
	NO.	RATE	NO.	RATE	NO.	RATE	NO.	RATE	NO.	RATE
POPULATION:										
Population Served (a)										
Total Midyear Reg'd (b)	8,806		15,650		24,155		21,835		45,990	
BIRTHS:										
Total births in N/S (c)	11	5.0%	75	14.7%	86	11.8%	4	0.8%	90	7.3%
Total births in Hosp. (d)	209	95.0%	434	85.2%	643	88.2%	497	99.2%	1,140	92.6%
Total births in other Locations (e)	-	-	-	-	-	-	-	-	-	-
Total births (f)	220	-	509	-	729	-	501	-	1,230	-
Total live births (g)	218	28.6%	505	32.2%	723	29.6%	497	22.7%	1,220	26.5%
Low birth weight infants (h)	4	1.8%	25	4.9%	29	4.0%	20	4.0%	49	4.0%
DEATHS:										
Stillbirths (i)	2	9.1%	4	7.6%	6	8.2%	4	7.9%	10	8.1%
Perinatal (j)	2	9.1%	11	21.6%	13	17.6%	11	21.9%	24	19.5%
Neonatal (k)	-	-	9	17.5%	9	12.4%	8	16.1%	17	13.6%
Post neonatal (l)	1	4.6%	11	21.5%	12	16.6%	1	2.0%	13	10.6%
Total infant (m)	1	4.6%	20	39.0%	21	29.0%	9	18.1%	30	24.6%
Maternal (n)	-	-	-	-	-	-	-	-	-	-
Other deaths (o)	47	-	70	-	117	-	81	-	198	-
Total deaths (p)	48	5.6%	90	5.7%	138	5.7%	90	4.1%	228	5.0%
NATURAL INCREASE (I)	170	20.0%	415	26.5%	585	24.2%	407	18.6%	992	21.5%

- (a) Population served by M.S.
- (b) Registered Indian/Inuit population.
- (c) Rate per 100 births.
- (d) Ratio per 100 births.
- (e) Rate per 100 births.
- (f) Equal to total of (c) and (d).
- (g) Rate per 1,000 population.
- (h) 2.5 kg. or under, Rate per 100 live births.
- (i) Fetal deaths of 20 weeks or more gestation or more than 500 gm., Ratio per 1,000 total births.
- (j) Stillbirths + deaths under 7 days. Rate per 1,000 total births.
- (k) Under 28 days. Rate per 1,000 live births.
- (l) 28 days and under 1 year. Rate per 1,000 live births.
- (m) Under 1 year. Rate per 1,000 live births.
- (n) Rate per 10,000 live births.
- (o) All other deaths includes maternal deaths but excludes infant deaths and stillbirths.
- (p) Total deaths equals infant deaths plus other deaths. Crude death rate per 1,000 population.
- (I) Natural increase rate.

NORTHWEST TERRITORIES VITAL STATISTICS 1980

	Indian Population 8,506				Inuit Population 15,650				Other Population 21,835				All Groups Population 45,990			
	1980		1979	1978	1980		1979	1978	1980		1979	1978	1980		1979	1978
	No.	Rate	Rate	Rate	No.	Rate	Rate	Rate	No.	Rate	Rate	Rate	No.	Rate	Rate	Rate
A. Live Births	218	25.6	24.3	21.9	505	32.2	30.9	34.5	497	22.7	25.3	25.1	1220	26.5	27.0	27.7
B. Live Births born in Hospital & N/S	218	100.0	99.5	98.3	505	100.0	98.9	99.0	497	100.0	100.0	99.4	1220	100.0	99.5	99.1
C. Low Birth Weight Infants	4	1.8	13.2	10.3	25	4.9	5.2	5.5	20	4.0	3.0	6.6	49	4.0	5.5	6.7
D. Stillbirths	2	9.1	19.5	5.7	4	7.8	6.2	7.6	4	7.9	5.3	15.1	10	8.1	8.0	10.6
E. Perinatal Deaths	2	9.1	33.5	22.9	11	21.6	22.8	19.0	11	21.9	10.7	24.2	24	19.5	19.1	22.0
F. Neonatal Deaths	-	-	14.6	23.0	9	17.8	18.8	13.4	8	16.1	7.1	11.4	17	13.9	12.9	13.8
G. Post Neonatal Deaths	1	4.6	29.3	17.2	11	21.8	18.7	7.6	1	2.0	10.7	9.5	13	10.6	16.9	9.8
H. Infant Deaths (Under 1 Year)	1	4.6	43.9	40.0	20	39.6	37.5	21.0	9	18.1	17.9	20.8	30	24.6	29.7	23.6
I. Total Deaths (Crude Death Rate)	48	5.6	6.9	7.2	90	5.7	5.0	5.2	90	4.1	4.2	3.6	228	5.0	5.0	4.8
J. Natural Increase	170	20.0	17.4	14.7	415	26.5	26.0	29.3	407	18.6	21.1	21.4	992	21.5	22.1	22.9
K. Maternal Deaths	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

- A. Rate per 1,000 population
- B. Rate per 100 live births
- C. Rate per 100 live births
- D. Ratio per 1000 live births
- E. Stillbirths plus deaths 0-7 days per 1000 total births (live births and stillbirths)
- F. Deaths 0-28 days per 1000 live births
- G. Deaths 29-365 days per 1000 live births
- H. Deaths under 1 year per 1000 live births
- I. Crude death rate - deaths per 1000 population
- J. Rate per 1000 population
- K. Rate per 10,000 live births

NORTHWEST TERRITORIES 1960 VITAL STATISTICS BY ZONE

	Mackenzie		Inuvik		Keewatin		Baffin		Total Region	
Population	22,063		7,441		4,223		8,263		45,990	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
A. Live Births	627	28.4	222	29.8	84	19.9	287	34.7	1,220	26.5
B. Maternal Deaths	-	-	-	-	-	-	-	-	-	-
C. Stillbirths	8	12.7	1	4.5	-	-	1	3.5	10	8.1
D. Perinatal Deaths	15	24.0	4	18.2	-	-	5	17.4	24	19.5
E. Neonatal Deaths	8	12.7	3	13.5	1	11.9	5	17.4	17	13.9
F. Post Neonatal Deaths	5	7.9	2	9.0	1	11.9	5	17.4	13	10.6
G. Infant Deaths	13	20.7	5	22.5	2	23.8	10	34.8	30	24.6
H. Total Deaths	132	5.9	41	5.5	15	3.5	40	4.8	228	5.0
Deaths in Hospitals, N/S	60	45.4	24	58.5	7	46.6	19	47.5	110	48.2

- A. Live births rate per 1,000 population
- B. Maternal Death Rate per 10,000 live births
- C. Stillbirths ratio per 1,000 live births
- D. Perinatal Deaths - stillbirths plus deaths 0-7 days, per 1,000 total births
- E. Neonatal Deaths - deaths 0-28 days, per 1,000 live births
- F. Post Neonatal Deaths - deaths 29-365 days, per 1,000 live births
- G. Infant Deaths - deaths under 1 year, per 1,000 live births
- H. Total Deaths - Crude Death Rate - deaths per 1,000 population

CAUSES OF DEATH
BY INTERNATIONAL CLASSIFICATION
OF DISEASE, ETHNICITY AND SEX

CAUSE OF DEATH	INDIAN			INUIT			OTHER			TOTAL		
	M	F	% OF TOTAL DEATHS	M	F	% OF TOTAL DEATHS	M	F	% OF TOTAL DEATHS	M	F	% OF TOTAL DEATHS
1. Infectious & Parasitic Diseases	-	-	-	-	-	-	-	-	-	-	-	-
2. Neoplasms	2	2	8.3	6	3	10.0	6	4	11.1	14	9	10.1
3. Endocrine, Nutritional and Metabolic Diseases & Immunity Disorders	-	-	-	-	-	-	-	1	1.1	-	1	0.4
6. Nervous System & Sense Organs	-	-	-	-	-	-	-	1	1.1	-	1	0.4
7. Disease of Circulatory System	6	6	25.0	16	7	25.6	17	3	22.2	39	16	24.1
8. Disease of Respiratory System	7	1	16.7	6	4	11.1	5	6	12.2	18	11	12.7
9. Disease of Digestive System	-	-	-	1	2	3.3	1	1	2.2	2	3	2.2
10. Disease of Genitourinary	1	-	2.0	-	-	-	1	-	1.1	2	-	0.9
14. Congenital Anomalies	-	-	-	1	1	2.2	2	-	2.2	3	1	1.8
15. Conditions Originating in Perinatal Period	-	-	-	1	2	3.3	2	3	5.7	3	5	3.5
16. Symptoms, Signs and Ill-Defined Conditions	5	6	22.9	9	12	23.3	5	3	8.9	19	21	17.5
17. Injuries and Poisoning	10	2	25.0	15	4	21.1	21	8	32.2	46	14	26.3
18. Unknown	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	31	17	99.9	55	35	99.9	60	30	100.0	146	82	99.9

CAUSES OF DEATH
BY INTERNATIONAL CLASSIFICATION
OF DISEASE, SEX AND AGE

CAUSE OF DEATH	Under 15		15-24		25-34		35-44		45-54		55-64		65 +		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Infectious & Parasitic Diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Neoplasms	1	-	-	-	-	1	1	1	2	2	5	4	5	1	14	9
3. Endocrine, Nutritional and Metabolic Diseases & Immunity Diseases	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
6. Nervous System & Sense Organs	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
7. Disease of Circulatory System	11	3	3	-	-	2	2	1	-	-	4	1	19	8	30	16
8. Disease of Respiratory System	2	-	-	-	-	-	2	1	1	1	1	5	12	4	12	11
9. Disease of Digestive System	-	1	-	-	-	-	-	-	1	1	-	-	1	2	2	3
10. Disease of Genitourinary	-	-	1	-	-	-	-	-	1	-	-	-	-	-	2	-
14. Congenital Anomalies	3	-	-	-	-	-	-	-	-	-	-	-	-	1	3	1
15. Conditions Originating in the Perinatal Period	3	5	-	-	-	-	-	-	-	-	-	-	-	-	3	5
16. Symptoms, Signs and Ill-Defined Conditions	-	2	-	-	3	1	2	-	4	3	1	5	9	10	19	21
17. Injuries and Poisoning	5	3	11	2	10	2	9	5	6	-	4	2	1	-	45	14
18. Unknown	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	25	15	15	2	13	6	16	8	15	7	15	17	47	27	143	82

DEATHS BY SEX, AGE AND ETHNICITY

AGE GROUP	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Under 15	2	1	15	9	9	5	26	15
15 - 24	1	1	10	-	4	1	15	2
25 - 34	2	3	5	1	6	1	13	5
35 - 44	6	-	3	2	7	6	16	8
45 - 54	3	2	3	4	9	1	15	7
55 - 64	3	2	4	9	8	6	15	17
65 +	14	8	15	10	18	9	47	27
TOTAL	31	17	55	35	61	29	147	81

DEATHS FROM CANCER
BY SITE, ETHNICITY AND SEX

SITE	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Oral Cavity	-	-	-	1	-	-	-	1
Oesophagus	-	-	-	-	2	-	2	-
Stomach	1	-	-	-	1	1	2	1
Colon	-	-	1	-	-	-	1	-
Pancreas	-	-	1	-	-	-	1	-
Lung	1	-	3	1	2	1	6	2
Uterine Cervix	-	1	-	-	-	-	-	1
Kidney	-	1	-	-	-	-	-	1
Other & Unspecified	-	-	1	1	1	2	2	3
TOTAL	2	2	6	3	6	4	14	9

DEATHS FROM CANCER
BY SEX, AGE AND ETHNICITY

AGE GROUP	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Under 15	-	-	-	-	1	-	1	-
15 - 24	-	-	-	-	-	-	-	-
25 - 34	-	1	-	-	-	-	-	1
35 - 44	-	-	1	-	-	1	1	1
45 - 54	-	-	-	2	2	-	2	2
55 - 64	1	1	3	1	2	2	6	4
65 +	1	-	2	-	1	1	4	1
TOTAL	2	2	6	3	6	4	14	9

DEATHS FROM CANCER
BY SITE, SEX AND AGE

SITE	Under 15		15-24		25-34		35-44		45-54		55-64		65 +		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Oral Cavity	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Oesophagus	-	-	-	-	-	-	-	-	1	-	-	-	1	-	2	-
Stomach	-	-	-	-	-	-	-	-	1	-	1	1	-	-	2	1
Colon	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-
Pancreas	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-
Lung	1	-	-	-	-	-	1	1	-	1	3	-	1	-	6	2
Uterine Cervix	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Kidney	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Other & Unspecified	-	-	-	-	-	-	-	-	1	1	1	1	1	1	2	3
TOTAL	1	-	-	-	-	1	1	1	2	2	6	4	4	1	14	9

DEATHS BY ACCIDENTS, INJURIES AND VIOLENCE
BY METHOD, ETHNICITY AND SEX

METHOD	INDIAN			INUIT			OTHER			TOTAL		
	M	F	%	M	F	%	M	F	%	M	F	%
Motor Vehicle	-	-	-	-	-	-	3	4	24.1	3	4	11.7
Drowning	3	-	25.0	4	-	21.1	2	1	10.3	9	1	16.7
Exposure	1	1	18.7	-	-	-	1	-	3.4	2	1	5.0
Fire	-	-	-	4	-	21.1	5	1	20.7	9	1	16.7
Falls	1	-	8.3	-	-	-	-	-	-	1	-	1.6
Firearms	1	-	8.3	4	-	21.1	5	-	17.2	10	-	16.7
Overdoses	-	1	8.3	-	1	5.2	-	-	-	-	2	3.3
Industrial	-	-	-	-	-	-	3	-	10.3	3	-	5.0
Other	4	-	33.3	3	3	31.5	2	2	13.8	9	5	23.3
TOTAL	10	2	99.9	15	4	100.0	21	8	99.8	48	14	100.0

DEATHS BY ACCIDENTS, INJURIES AND VIOLENCE
BY METHOD, SEX AND AGE

METHOD	Under 15		15-24		25-34		35-44		45-54		55-64		65 +		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Motor Vehicle	1	-	1	1	-	-	3	-	-	1	-	-	-	3	4	
Drowning	1	-	4	-	2	-	2	-	-	-	1	-	-	9	1	
Exposure	-	-	-	-	-	1	-	-	-	1	-	1	-	2	1	
Fire	1	1	2	-	2	-	2	-	1	-	-	-	-	9	1	
Falls	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	
Firearms	-	-	3	-	3	-	1	-	3	-	-	-	-	10	-	
Overdoses	-	-	-	1	-	-	-	1	-	-	-	-	-	-	2	
Industrial	-	-	-	-	2	-	-	-	1	-	-	-	-	3	-	
Other	2	2	1	-	-	1	4	1	1	-	1	1	-	9	5	
TOTAL	5	3	11	2	10	2	9	5	6	-	4	2	1	46	14	

DEATHS BY ACCIDENTS, INJURIES AND VIOLENCE
BY SEX, AGE AND ETHNICITY

AGE GROUP	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Under 15	2	1	15	9	8	5	25	15
15 - 24	1	1	10	-	4	1	15	2
25 - 34	2	3	5	1	6	2	13	6
35 - 44	6	-	3	2	7	6	16	8
45 - 54	3	2	3	4	9	1	15	7
55 - 64	3	2	4	9	8	6	15	17
65 +	14	8	15	10	18	9	47	27
TOTAL	31	17	55	35	60	30	146	82

SUICIDES BY SEX, AGE AND ETHNICITY

AGE GROUP	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Under 15	-	-	-	-	-	-	-	-
15 - 24	-	-	2	-	2	-	4	-
25 - 34	-	-	2	-	1	-	3	-
35 - 44	-	-	-	-	-	-	-	-
45 - 54	-	-	-	-	2	-	2	-
55 - 64	-	-	-	-	-	-	-	-
65 +	-	-	-	-	-	-	-	-
TOTAL	-	-	4	-	5	-	9	-

SUICIDES BY SEX, AGE AND METHOD

METHOD	Under 15		15-24		25-34		35-44		45-54		55-64		65 +		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Drugs, Poisons	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Toxic Gases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Strangulation (Hanging)	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-
Firearms	-	-	3	-	3	-	-	-	2	-	-	-	-	-	8	-
Falls	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	-	-	4	-	3	-	-	-	2	-	-	-	-	-	9	-

SUICIDES BY SEX, ETHNICITY AND METHOD

METHOD	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Drugs and Poisons	-	-	-	-	-	-	-	-
Toxic Gases	-	-	-	-	-	-	-	-
Strangulation (Hanging)	-	-	1	-	-	-	1	-
Firearms	-	-	3	-	5	-	8	-
Falls	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-
TOTAL	-	-	4	-	5	-	9	-

* No Indian Suicides Reported for 1980.

INFANT DEATHS BY SEX, ETHNICITY AND CAUSE

CAUSE OF DEATH	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Congenital Anomalies	-	-	1	-	2	-	3	-
Malnutrition	-	-	-	-	-	-	1	1
Immaturity	-	-	-	-	1	-	1	2
Birth Trauma	-	-	1	-	-	-	1	1
Hypoxia & Asphyxia	-	-	1	-	2	-	3	-
Cardio-Respiratory Distress	-	-	2	-	-	-	2	-
Hypothermia	-	-	1	-	-	-	1	-
Respiratory Tract Infection	-	-	1	-	1	-	2	-
SIDS, Cardio-Respiratory Arrest	1	-	4	-	1	-	5	1
Foetal Heart Failure	-	-	1	-	1	-	1	2
Accidental Causes	-	-	2	-	2	-	2	2
Other and Unspecified	-	-	-	-	1	-	-	-
TOTAL	1	-	14	6	5	4	20	10

INFANT DEATHS BY SEX, AGE AND ETHNICITY

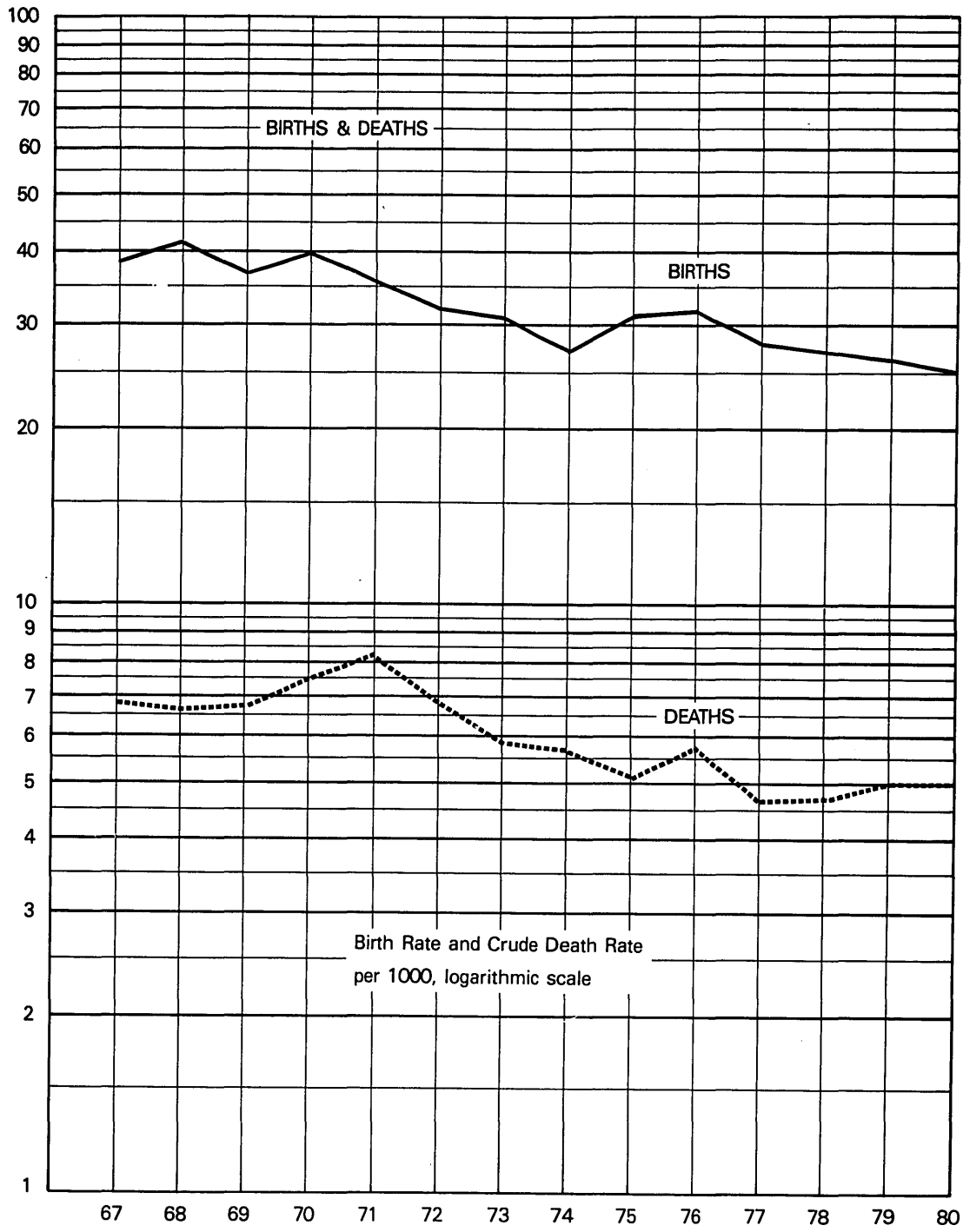
AGE GROUP	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Early Neonatal (0-6 days)	-	-	5	2	4	3	9	5
Late Neonatal (7-27 days)	-	-	2	-	-	1	2	1
Post Neonatal (28 days +)	1	-	7	4	1	-	9	4
TOTAL	1	-	14	6	5	4	20	10

INFANT DEATHS BY SEX, AGE AND CAUSE

CAUSE OF DEATH	Early Neonatal (0-6 days)		Late Neonatal (7-27 days)		Post Neonatal (28 days +)		TOTAL	
	M	F	M	F	M	F	M	F
Congenital Anomalies	2	-	1	-	-	-	3	-
Malnutrition	-	-	-	1	-	-	-	1
Immaturity	-	2	-	-	-	-	-	2
Birth Trauma	-	1	1	-	-	-	1	1
Hypoxia & Asphyxia	2	-	-	-	1	-	3	1
Cardio-Respiratory Distress	2	-	-	-	-	-	2	-
Hypothermia	1	-	-	-	-	-	1	-
Respiratory Tract Infections	-	-	-	-	2	-	2	-
SIDS, Cardio-Respiratory Arrest	2	-	-	-	3	-	1	5
Foetal Heart Failure	-	2	-	-	1	-	-	1
Accidental Causes	-	-	-	-	2	-	2	2
Other and Unspecified	-	-	-	-	-	-	1	-
TOTAL	9	5	2	1	9	4	20	10

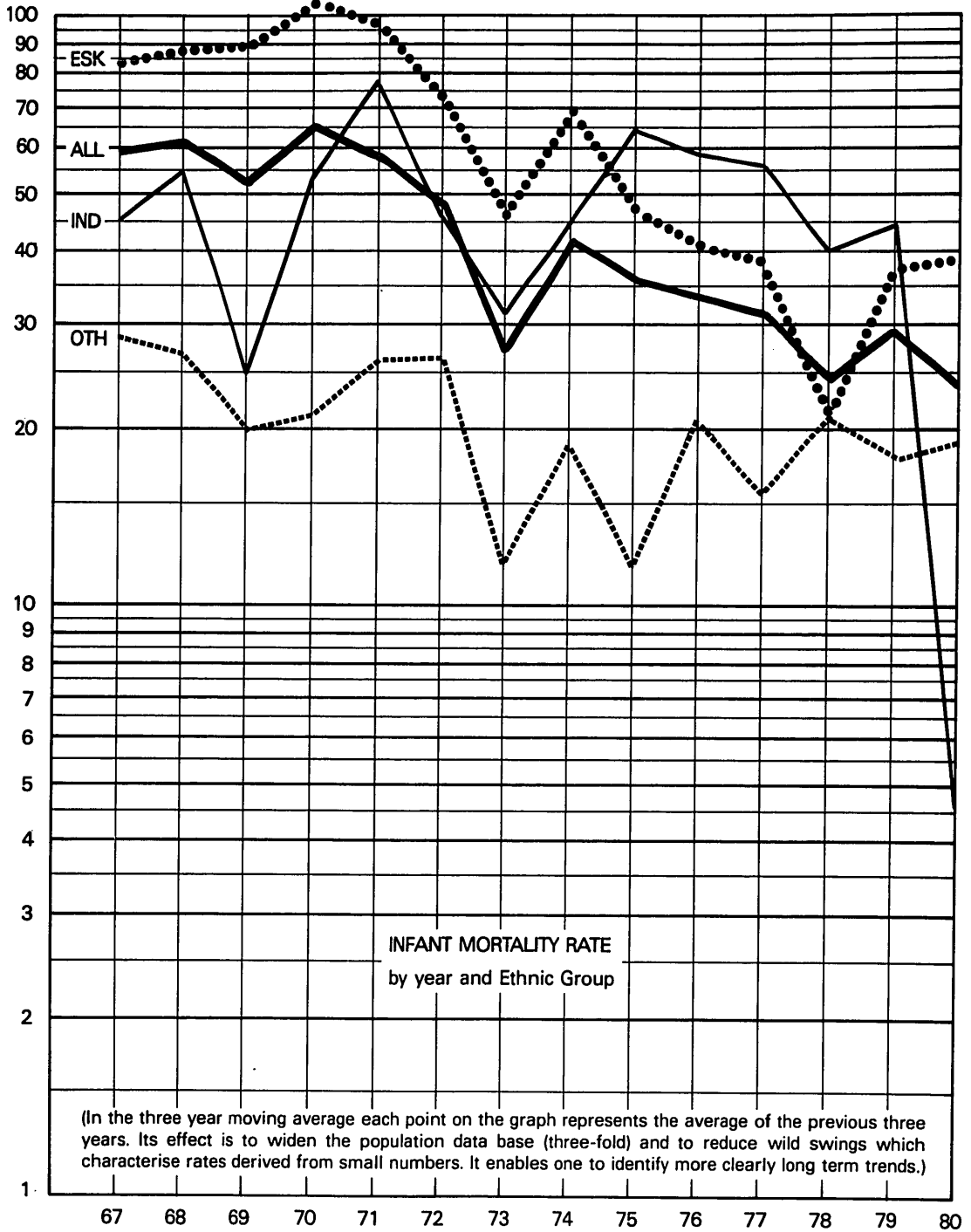
STILLBIRTHS BY SEX, ETHNICITY AND CAUSE

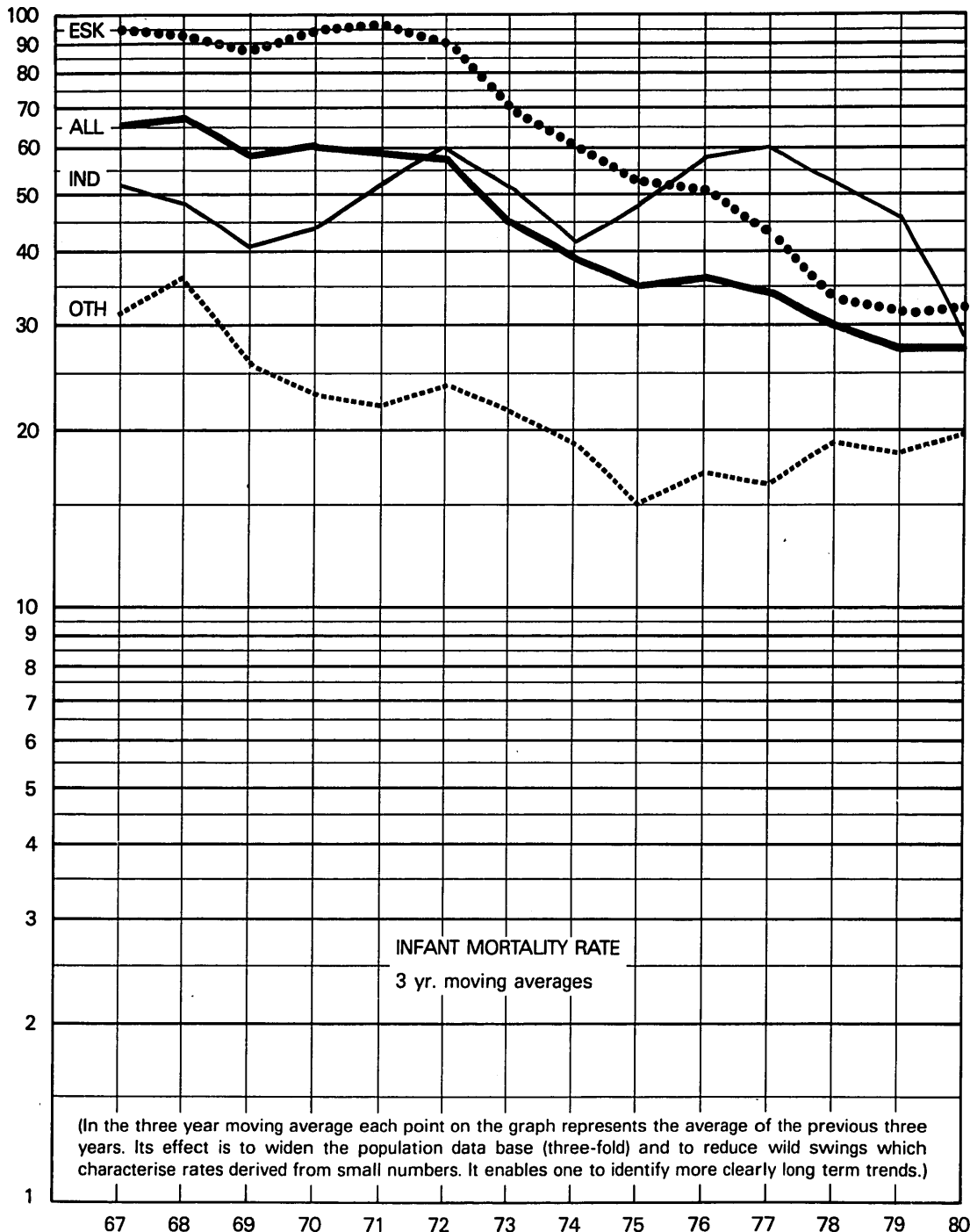
CAUSE OF STILLBIRTH	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Placental Insufficiency	-	-	1	-	-	-	1	-
Compression Umbilical Cord	-	-	-	-	-	1	-	1
Hypoxia & Asphyxia	-	1	2	-	-	-	2	1
Haemorrhage	-	1	-	-	-	-	-	1
Other & Unspecified	-	-	-	1	2	1	2	2
TOTAL	-	2	3	1	2	2	5	5



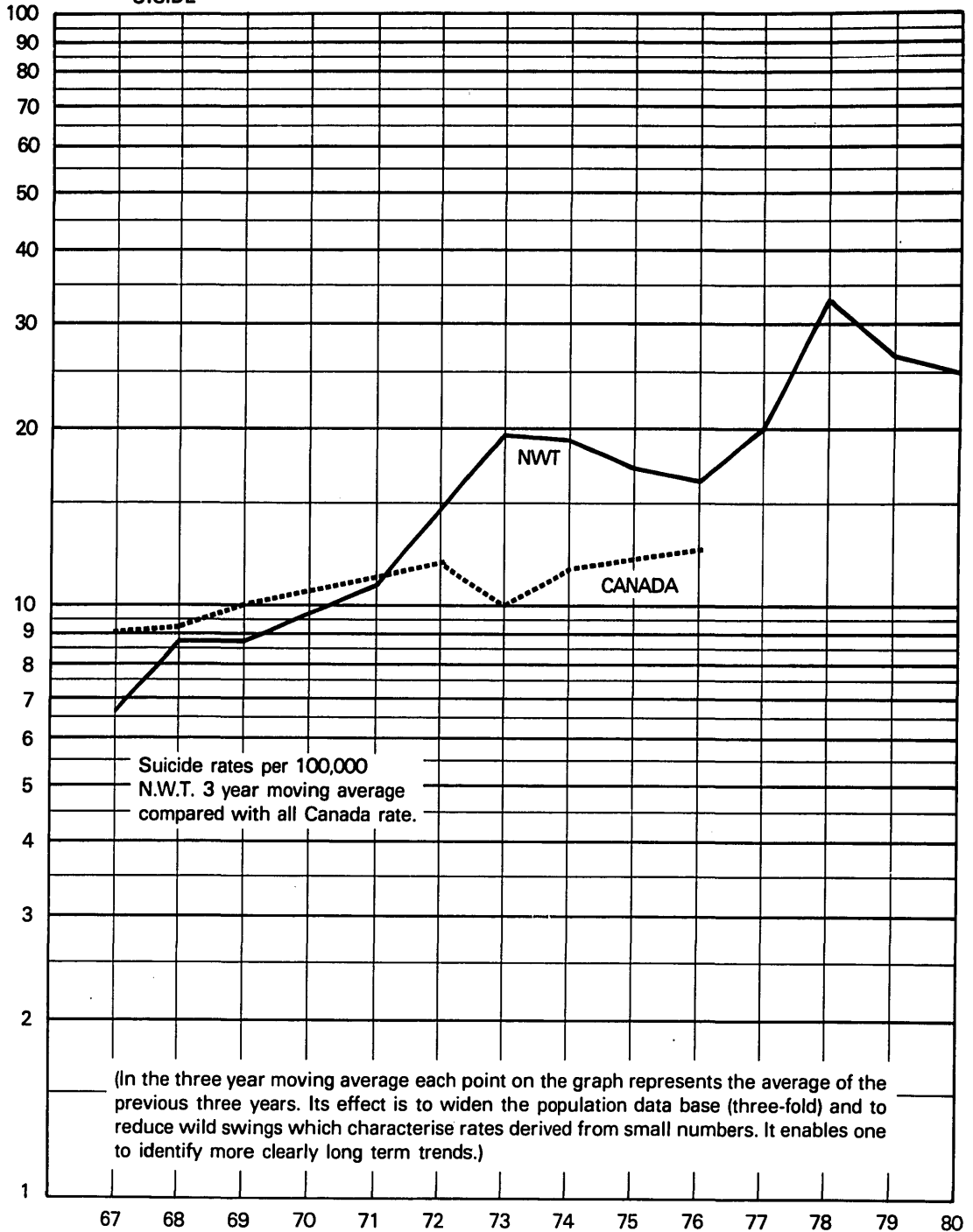
Birth Rate and Crude Death Rate
per 1000, logarithmic scale

INFANT MORTALITY





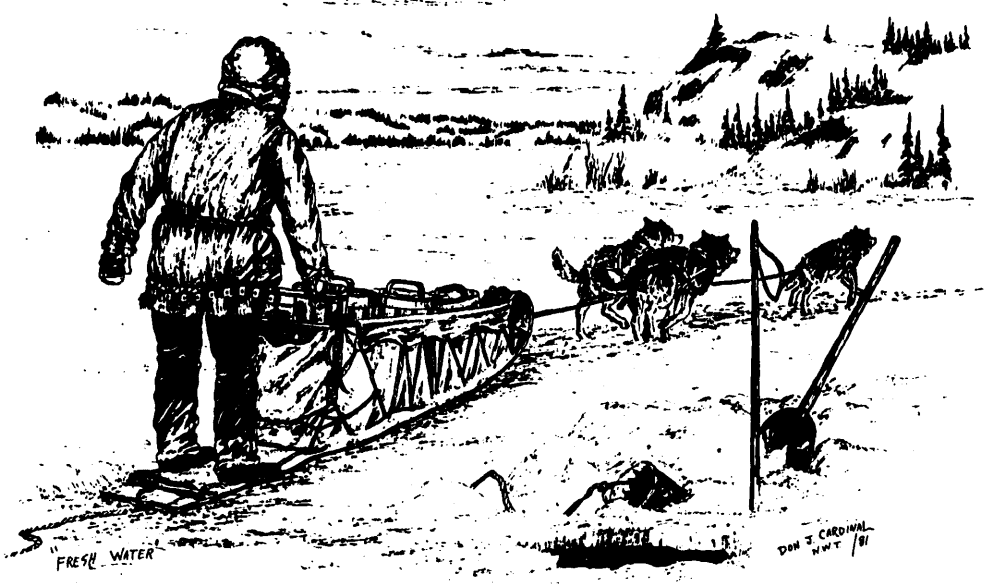
SUICIDE



* A/C - Adult/Child
N/B - New/Born

HOSPITAL STATISTICS
JANUARY 1, 1980 - DECEMBER 31, 1980

	FROBISHER BAY HOSPITAL			RAE-EDZO HOSPITAL			FORT SIMPSON HOSPITAL			INUVIK HOSPITAL		
	A/C	N/B	TOTAL	A/C	N/B	TOTAL	A/C	N/B	TOTAL	A/C	N/B	TOTAL
<u>BED CAPACITY</u>												
RATED BED CAPACITY	34	8	42	8	2	10	14	3	17	55	10	65
SET UP BED CAPACITY	34	8	42	8	2	10	13	3	16	57	9	66
ADMISSIONS	1459	215	1674	221	33	254	222	31	253	1178	193	1371
TOTAL PATIENT DAYS	6640	1054	7694	1114	140	1254	2273	210	2843	10176	936	11112
AVERAGE LENGTH OF STAY	4.6	4.9	4.6	5.0	4.2	5.0	10.2	6.8	9.8	8.6	4.8	8.1
<u>% BED OCCUPANCY</u>												
RATED % BED OCCUPANCY	53.5%	36.1%	50.2%	38.1%	19.2%	34.4%	44.5%	19.2%	40.0%	50.7%	25.6%	46.8%
SET UP % BED OCCUPANCY	53.5%	36.1%	50.2%	38.1%	19.2%	34.4%	47.9%	19.2%	42.5%	48.9%	28.5%	46.1%
<u>OPERATING PROCEDURES</u>												
MAJOR SURGERY		312			NIL			NIL			109	
MINOR SURGERY		625			NIL			NIL			327	
THERAPEUTIC ABORTIONS					NIL			NIL			NIL	
OUTPATIENT VISITS		8818			6336			6230			13908	
<u>X-RAY EXAMS</u>												
INPATIENT		1164			119			255			1177	
OUTPATIENT		2247			530			686			3320	
<u>LABORATORY UNITS</u>												
INPATIENT		128868			8523			2923			150016	
OUTPATIENT		144679			4791			9688			148154	
PHYSIOTHERAPY		643			NIL			NIL			1263	
<u>LAUNDRY</u>		23287			4858.6 kg			7328.2 kg			Contracted Out	
<u>DIETARY</u>		12936			6002			7449			21507	
<u>PHARMACY</u>		9880			Not Recorded			Not Recorded			1330	



FRESH WATER

DON J. CARDINAL
HWY 81

HEALTH PROGRAMS IN THE N.W.T. FOR 1980

By the close of 1980, the essential data and statistics required to run the Federal Health Programs in the N.W.T. had been identified and a special unit recruited to centrally gather and interpret this information.

By developing a comprehensive Health Management Information System, the following registries and data banks were set up:

1. Vital Statistics
2. Federal Hospital and Nursing Station Health Statistics
3. Notifiable Disease Register
4. Supplementary Health Program Register
5. Handicapped Register
6. Community Health 'at Risk' Register
7. Immunization Register
8. Chronic Care Register

In addition, information systems were set up specially to audit and maintain:

1. Health Delivery by University and Specialist Contracts
2. Transportation data for patients and dependents by community
3. Effects of Alcohol and Violence on Morbidity statistics
4. Performance measurement of Nursing Personnel

5. Performance measurement of Federal and Contractural Medical and Dental Staff
6. Morbidity data by community
7. Drug utilization by Nursing Station and Hospital

In conjunction with the Dept. of Health and Bureau of Statistics, N.W.T. Government, the population by ethnic status was defined to give a June 1st, 1980 breakdown. Microfiche readers were distributed to all nursing stations and program units in the N.W.T. to facilitate patient identification.

Administrative and security procedures for assessing Public Service Health medicals, physician registration, and the distribution of data from the Health Management Information System were initiated.

Narratives and relevant statistics by major programs are submitted in the following pages.

HEALTH PROGRAMS

Public Service Health Program
Maternal and Child Health Program
Community Health Representative Program
Immunization Status
School Health Program
Nutrition Program
Health Education Program
Dental Health Program
Tuberculosis Program
Communicable Disease Program
Mental Health Program
National Native Alcohol Abuse Program
Cultural Orientation Program
Environmental Health Program
Occupational Health Program
Environmental Contaminants Program
Maintenance & Construction Program

PUBLIC SERVICE HEALTH PROGRAM

The primary purpose of the Public Service Health Program is to ensure, through pre-employment and periodic medical examinations, that individuals who are hired by government to work in the north are medically fit to undertake such service. A secondary purpose is to assess the health of employees who apply to have previous service recognized for superannuation benefits, and to identify employees who have medical grounds for early retirement. The program is available to all departments of the Government of Canada operating in the Northwest Territories and to those departments of the Northwest Territories Government that wish to take advantage of the opportunity.

Physical standards are related to the job description, so that the level of fitness required to work in the north varies not only from department to department but also from job to job within each department. Physical examinations are normally performed by private physicians throughout the country, and their reports are reviewed and interpreted by a Medical Services Branch physician at the Regional Office in Yellowknife.

Activities of the Public Service Health Program during 1980 are summarized in the accompanying table. Of the 1,018 persons assessed, 983 (96.6%) were classified as fit without limitations, 11 (1.1%) as fit with limitations and 24 (2.4%) as unfit.

PHYSICAL EXAMINATIONS REVIEWED UNDER
PUBLIC SERVICE HEALTH PROGRAM, N.W.T. REGION
1980

DEPARTMENT OR AGENCY	PRE-EMPLOYMENT		PERIODIC	ELECTIONS OR TRANSFERS	SUPERANNUATION, RETIREMENT, OTHER	TOTAL
	EMPLOYEES	DEPENDENTS				
Government of Canada						
Health and Welfare	258	30	10	11	12	321
Transport	200	19	47	5	10	281
Environment	23	5	12	4	2	46
Indian & Northern Affairs	21	10	-	4	1	36
Public Works	13	-	13	-	1	27
Other	6	5	6	3	1	21
Government Agencies & Government of the N.W.T.	168	42	7	45	27	286
TOTAL	686	111	95	72	54	1018

MATERNAL AND CHILD HEALTH PROGRAM

Maternal and Child Health Programs received continued emphasis with the objective of reducing morbidity and mortality rates for mothers, children and pregnant women. Routine field visits include such services as prenatal clinics, postnatal examinations, Child Health Conferences (including counselling, developmental assessments and immunization) and prenatal classes in the larger centers.

There appears to be an increased awareness among clients regarding the effects of alcohol and drugs on the fetus. Nurses have broadened their prenatal education programs to include more information in this area.

Some areas report a decrease in the number of deliveries done in Nursing Stations and attribute it partly to a lesser number of nurse midwives.

The collection of data for study on Infant Feeding Practices was completed in 1980. Promotion of breast feeding continues and there is a noticeable increase in breast feeding in some locations.

COMMUNITY HEALTH REPRESENTATIVE PROGRAM

In 1980 the Adult Vocational Training Center in Fort Smith was under-taking the training of Community Health Representatives. The course content is divided into two levels; Level 1 is "Community Service Work" and upon completion of this level the trainees can proceed to Level 2 Plans.

The 1980-81 session commenced with five students from Baffin Zone and three from Keewatin Zone.

REPORTED IMMUNIZATION STATUS - 1980

INDIAN

MIDYEAR POPULATION	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT * 218	B.C.G.	85.8	
	D.P.T.	60.5	32.1
	SABIN-POLIO	59.9	32.1
	LIRUGEN	36.7	
	OTHER		
PRE-SCHOOL * 668	B.C.G.	94.3	
	D.P.T.	87.9	12.3
	SABIN	88.0	11.9
	LIRUGEN	17.4	
	RUBELLA		
	M.M.R.	84.6	
	RUBEOLA		
SCHOOL-AGE * 2,108	B.C.G.	83.1	
	D.T.	91.6	5.7
	LIRUGEN	78.7	
	RUBELLA	77.1	
	SABIN-POLIO	92.8	4.4
	MUMPS	37.0	
	D.P.T.	5.3	
	RUBEOLA		
M.M.R.	24.8		

Immunization totals exclude the communities of Paulatuk and Fort-Norman from the Inuvik Zone.

REPORTED IMMUNIZATION STATUS - 1980

INUIT

MIDYEAR POPULATION	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT * 538	B.C.G.	91.4	
	D.P.T.	86.4	14.9
	SABIN-POLIO	84.9	14.5
	LIRUGEN	56.9	
	OTHER		
PRE-SCHOOL * 1,936	B.C.G.	97.0	
	D.P.T.	91.0	9.1
	SABIN	90.3	14.3
	LIRUGEN	15.8	
	RUBELLA		
	M.M.R.	94.5	
	RUBEOLA		
SCHOOL-AGE * 5,911	B.C.G.	91.4	
	D.T.	91.1	5.2
	LIRUGEN	84.0	
	RUBELLA	81.2	
	SABIN-POLIO	69.9	5.4
	MUMPS	43.3	
	D.P.T.		
	RUBEOLA	1.5	
M.M.R.	10.4		

Immunization totals exclude the communities of Paulatuk and Fort Norman from the Inuvik Zone.

REPORTED IMMUNIZATION STATUS - 1980

OTHER

MIDYEAR POPULATION	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT * 449	B.C.G.	75.5	
	D.P.T.	93.5	14.5
	SABIN-POLIO	92.9	13.1
	LIRUGEN	71.7	
	OTHER		
PRE-SCHOOL * 2,080	B.C.G.	61.9	
	D.P.T.	83.8	13.2
	SABIN	82.3	16.5
	LIRUGEN	35.1	
	RUBELLA		
	M.M.R.	81.2	
	RUBEOLA		
SCHOOL-AGE * 4,474	B.C.G.	39.3	
	D.T.	88.3	9.6
	LIRUGEN	72.0	
	RUBELLA	62.9	
	SABIN-POLIO	84.5	13.4
	MUMPS	23.3	
	D.P.T.	0.7	
	RUBEOLA	0.03	
M.M.R.	21.4		

Immunization totals exclude the communities of Paulatuk and Fort Norman from the Inuvik Zone.

SCHOOL HEALTH PROGRAM

The School Readiness Program continues to encourage parents to bring beginners for physical and developmental assessments by the nurse, prior to starting school, so that detected defects may be corrected or minimized as early as possible.

The school health programs include consultation with teachers regarding health problems of individual students, regular rapid classroom inspections, student counselling, dental health and immunization programs.

Health Education programs are promoted by nurses participating in or acting as resource persons in Health Education classes.

NUTRITION PROGRAM

The nutrition programs continued to expand during 1980. The community-posed "Nutrition Education Program", developed in Pangnirtung, has expanded to include Hall Beach and Pond Inlet.

Prenatal and infant nutrition continues to be emphasized and the emphasis on breast feeding remains a high priority. Pamphlets and posters related to prenatal and infant nutrition are being developed.

The Federal/Territorial Baffin Food Cost Study is in progress and will continue through 1981.

The Nutrition Liaison Committee meet quarterly during 1980.

The Regional Nutritionist for Baffin and Keewatin Zones retired at the end of 1980 and we are presently recruiting for a new Regional Nutritionist.

HEALTH EDUCATION PROGRAM

The primary objective of Health Education Programs in the North is to effectively communicate information concerning preventative health behaviors; and to facilitate individual and community responsibility through encouragement of community-based preventative health education programming.

Health is defined as the individual's optimal balance achieved and/or maintained within his physical, social psychological and emotional environments; and as all things which effect the individual's and community's ability to achieve and/or maintain an optimal balance.

Preventative health behavior is defined as individual or group action taken to minimize the potential threat of illness, or imbalance.

Programs carried out by professional staff and Community Health Representatives were aimed at primary prevention and early detection. Primary prevention programs focus on issues of diet, dental hygiene, prenatal exercises, immunization, and the like. Early detection programs deal with x-rays, pap smears, electrocardiograms, etc., and will minimize the threat of serious or fatal illness.

Nurses and Community Health Representatives continued to provide preventative health education in the field. Three professional Health Educators were hired during the last half of 1980 and occupy positions in Mackenzie, Keewatin and Baffin Zones respectively. The Senior Regional and Inuvik Zone Health Educator positions are presently being staffed.

Zone Nursing Conferences and the Regional Nursing Conference provided an opportunity for increased understanding of current resources and for ex-

change of ideas on required In-Service training.

The role of Zone Health Educators was to provide leadership and technical assistance to Zone Medical Service Staff and community groups who are responsible for the delivery of preventative health education programs. In addition, activities related to self-orientation and exploratory visits to communities were foci for attention by the new Zone Health Educators.

Through the Health Resource Center, the staff provided a service of recommending, identifying, evaluating and obtaining educational materials, in response to the many requests from the field.

Participation by Medical Services on the Health Resource Center Committee contributed to continuous evaluation of the suitability of materials for different sections of the public.

The Health Resource Center was established jointly by National Health and Welfare and the Government of the Northwest Territories, Yellowknife, 1980. Already, 85% of Nursing Station requests are for audio-visual materials and the remainder are for literature related services.

The Health Resource Center will increasingly play an active role in the dissemination of health related information and audio-visual teaching aids to Northern communities and Nursing Stations. The Health Educators will be relieved of this responsibility and can focus on facilitation of community-based preventative health education programs through working directly with the nurses, the Health Committees, the communities and other professionals.

DENTAL HEALTH PROGRAM

In 1980 dental services were provided to the Northwest Territories through several agencies; private dentists with offices located within Yellowknife and Hay River, contractual arrangements with private practitioners and universities located in various Canadian provinces; full-time government employed dental surgeons; and the staff, students and graduates of the School of Dental Therapy in Fort Smith.

Continued difficulties associated with an inability to successfully attract suitable employees to staff all Dental Officer positions within the Northern Region resulted in a large portion of dental services in the Inuvik and Baffin Zones being provided through contractual arrangements. Twenty-two (22) dental locum contracts were completed during the year providing services equivalent to $1\frac{1}{2}$ person-years; these services supplemented those provided by four government-employed dental surgeons, employed for varying lengths of time ranging from three months to one year and providing services equivalent to $1\frac{3}{4}$ person-years within the two zones.

Short-term contractual arrangements with Hay River Dental Clinic provided dentist manpower coverage for the communities of the Mackenzie Zone. Keewatin Zone communities were provided dental coverage for the first portion of the year through the Churchill Health Centre and for the later half of the year, by contractual arrangements with the Faculty of Dentistry, University of Manitoba.

All of the preceding arrangements provided a total dental service equivalent to six (6) person-years throughout all four zones of the Northern Region. In total, 12,504 patients were seen, 6,220 restorations

were completed, 6,896 extractions were performed, 354 dental prostheses were produced and 12,457 other dental treatments such as prophylactic fluoride applications, gingival treatments, endodontic and surgical procedures were performed.

Fourteen (14) dental therapists were employed by Northern Region for varying lengths of time throughout the year providing services equivalent to nine (9) person-years. The largest number of therapists employed at a single point in time totaled eleven (see synopsis of the Dental Therapist Program for procedure totals).

As in previous years the School of Dental Therapy held prolonged teaching clinics in the N.W.T., this year the clinics were held in Inuvik and Frobisher Bay. Again the school provided invaluable assistance within the Northern Region in the areas of therapist evaluation, treatment planning and supervision as well as providing treatment services to several communities in the Keewatin Zone.

Overall, treatment services provided to all areas of the Northern Region showed improvement over the previous year but due to the large backlog of unmet dental needs the service is still primarily emergency interventive in orientation except in those communities that have had services provided by a resident Dental Therapist for a protracted period of time and where a preventive program has been established.

THE DENTAL THERAPIST PROGRAM

A considerable amount of dental service is provided by dental therapists in the Northwest Territories, as well as in the Yukon and on some Reserves in the provinces. At the present time, in all locations in the Northwest Territories, dental therapists operate solitary clinics based from one settlement but may also serve one or two other satellite communities. During 1980 there were as many as 11 therapists operating in the Northwest Territories and a target of 25 - 30 dental therapists is a reasonable goal for the future. Transfer and resignations that occurred during 1980 will be offset by new graduates from the School of Dental Therapy who plan to work in the Territories. The dental therapists work from prescriptions of treatment provided for them by their supervising dentists, who for the most part in 1980 have been the staff dentists from the School of Dental Therapy. These visits are scheduled to be repeated about every two to three months. Administratively, dental therapists are responsible to the Zone Directors in the area in which they are located.

Dental Therapists provide primary dental care, particularly to children and conduct a comprehensive dental preventive programme in the communities they serve (see attached chart).

In addition to dental care provided by graduates, the School of Dental Therapy in its main role as a teaching institution, does deliver dental treatment provided by undergraduate students. The main thrust of the teaching programme must be in the community where the School is located, and up until now this has been Fort Smith, where considerable

treatment has been completed. The presence of the School of Dental Therapy in Fort Smith for almost a decade has resulted in almost everyone in the area, who wishes treatment, to have treatment completed. This has forced the students to spend too much time away from Fort Smith operating out of satellite teaching clinics in various locations in Canada. Unfortunately, a point has been reached where time spent away from the teaching centre has adversely affected the quality of the programme. However, during 1980, students have provided a considerable amount of work, particularly in Inuvik where an extensive clinic was held. Service was also provided in Frobisher Bay and in Black Lake, Saskatchewan. In 1981, it is anticipated that many more settlements apart from Fort Smith will be receiving service through the undergraduate dental therapist programme.

The attached chart lists the places served by graduate and undergraduate dental therapists along with a breakdown of the type of work completed in these communities of the Northwest Territories during 1980.

DENTAL THERAPIST FIELD REPORT - RESUME FOR 1980 NORTHWEST TERRITORIES

NWT POST GRAD. CLINICS - 1980	EXAMINATION				RESTORATIVE								# OF AMALG POLISH	SURGERY		PREVENTIVE		APPROX TIME PER PROCEDURE		
	LOCATION	COMP	RECALL	X-RAY	EMERG. EXAM	1 SUR	2 SUR	3 SUR	MULTI	PIN	PULP	CROWN		DEC	PERM	PROPH	FILLIR.	EXTRA EMRG.	TIME SCALE	PHI
Aklavik	-	-	191	48	341	689	40	20	20	19	25	121	137	203	234	-	28	10½	60½	
Baker Lake	-	2	55	76	157	168	27	4	20	5	3	14	88	217	4	-	3½	1	35½	
Cambridge Bay	1	1	268	242	121	166	65	18	13	-	-	3	9	62	45	-	-	46	-	
Cape Dorset	-	-	204	185	176	178	33	22	24	21	31	455	52	232	29	-	28	25	190	
Eskimo Point	-	-	1	40	26	31	10	3	7	-	-	5	25	60	2	-	4	2	3	
Ft. Liard	-	-	-	16	6	6	5	1	3	-	-	1	-	5	-	-	-	-	-	
Ft. Resolution	79	-	92	2	-	3	1	-	-	-	-	-	1	6	8	-	-	5	-	
Ft. Simpson	-	-	113	33	94	75	16	22	34	4	7	42	60	55	57	-	2	½	5	
Gjoa Haven	-	-	22	20	-	10	7	3	3	-	-	-	3	-	12	-	-	-	-	
Hall Beach	-	1	34	12	18	2	-	-	-	-	-	5	29	87	1	-	½	-	20	
Holman Island	-	-	-	-	22	37	7	8	13	-	2	-	10	59	1	-	-	-	-	
Igloodik	52	70	194	319	401	222	46	5	6	2	3	302	68	293	100	-	3½	½	13	
Inuvik	-	-	1	3	35	42	10	9	13	-	-	25	3	10	-	-	-	3½	1	
Lac La Marte	-	-	-	9	10	5	1	-	-	-	-	-	2	9	1	-	-	1	-	
Pangnirtung	105	-	62	99	152	154	46	13	34	42	29	199	92	112	27	-	14	8	12½	
Pelly Bay	-	-	-	3	6	14	6	-	-	-	-	-	8	1	1	-	-	1	-	
Pond Inlet	86	-	137	193	428	306	77	46	58	14	28	1244	97	208	145	-	13½	18	135	
Rae Edzo	71	4	131	115	220	174	34	16	20	1	2	315	31	86	37	-	12½	16	8½	
Spence Bay	-	157	64	123	144	139	51	25	34	-	13	44	51	120	9	-	8	7	7½	
Tuktoyaktuk	-	-	100	165	125	127	29	10	20	7	4	222	44	69	39	-	18	8	34	
Total	394	235	1669	1687	2492	2548	511	218	296	110	140	2996	777	1871	752	-	135½	152	525	
PRE-GRAD CLINICS	School of Dent Ther	438	660	1344	416	1526	1185	301	169	210	27	48	117	245	1355	-	-	445	-	
	Frobisher Bay	142	-	292	18	304	199	35	35	43	19	59	39	36	14	-	12	26	27	
	Inuvik	-	-	72	40	383	521	164	84	109	6	7	330	28	134	176	-	4	72	3
Black Lake, Sask.	-	-	-	-	-	530	-	-	3	5	8	-	38	18	-	-	-	-	-	
GRAND TOTAL - Except Black Lake, Saskatchewan	974	895	3304	2161	4705	4453	1011	506	660	167	222	5408	999	2304	2297	-	151½	686	556	

TUBERCULOSIS PROGRAM

This report is based on the Tuberculosis Control activities of the Northwest Territories, excluding Yukon Region.

During 1980 there were 29 new and re-activated cases of all forms of tuberculosis reported, a decrease of 13 cases (30%) from the previous year. This gives a rate of 63-06 per 100,000.

The case finding services of the Northwest Territories Region provided 33,356 tuberculosis diagnostic procedures to the residents of the Northwest Territories during 1980. These tests included mass chest x-ray surveys (910), chest x-ray examinations in departmental and non-departmental hospitals, nursing stations and health centres (10,072), tuberculin tests (10,977) and bacteriological tests (11,397).

It is noted that the total number of bacteriological tests has greatly increased over the previous year (6,356 - 11,397 : 80%). This figure included individuals whom have had several samples collected during the year. This probably indicates greater awareness by field staff in this important diagnostic measure. With the often rapid turn-over of nurses and initial non-familiarity of new nurses with x-ray procedures and the fact that native Community Health Representatives can do the work of sputum collection, it becomes even more important to stress this aspect of T.B. surveillance. Applied properly to selected groups it could reduce and often replace the chest x-ray.

There continues to be a high ratio of tuberculosis cases who are bacteriological positive (24 out of 29). Out of 24 cases, 17 were confirmed by positive cultures which includes 2 urine specimens and 2 biopsy materials from lymph nodes. 3 out of 5 Primary cases were also

bacteriologically confirmed.

Out of a total of 6 extra-pulmonary cases, 1 was confirmed by histology only (lymphadenitis), while 4 cases were bacteriologically positive (1 by direct smear only). Diagnosis of the 6th case was based on clinical and radiological findings.

Re-activation of tuberculosis among the Native people of the Northwest Territories has shown a decrease. Of the 29 cases of tuberculosis reported in 1980, only 3 were re-activated. Of these 3 cases, 1 was Indian and 2 were Inuit.

It is noted that there were only 4 cases of active tuberculosis under the age of ten. 3 native youngsters were from Rae-Edzo area, while 1 youngster came from Inuvik Zone. With two of the areas mentioned, there was only one other case of Primary tuberculosis in children in the balance of settlements, Cape Dorset. The majority of tuberculosis cases occurred in the 15-49 age group.

The number of patients on drugs either on active domiciliary chemotherapy or chemoprophylaxis has greatly diminished as compared with the previous year. Many communities or settlements have not one individual on drugs and in many others there are only very few patients on drugs. This should aid in better domiciliary nurses supervision which is certainly needed in high incidence areas. The area of drug compliance remains a difficult one, but it has to be top priority of nurses activities.

There have been no tuberculosis deaths reported in 1980.

SUMMARY OF ACTIVITIES — TUBERCULOSIS CONTROL

ZONE	COMMUNITY SURVEYS	REFERRED FILMS	TUBERCULIN	BACTERIOLOGICAL TESTS	TOTAL
MACKENZIE	565	3450	6363	4262	14710
INUVIK		2221	2081	2439	6741
KEMATIN		1517	753	1371	3641
RAFFIN	345	2794	1780	3345	8264
TOTAL	910	10072	10977	11397	33356

NEW AND REACTIVATED CASES OF TUBERCULOSIS

	FAR ADVANCED	MODERATELY ADVANCED	MINIMAL	PRIMARY	PLEURISY	MILIARY	EXTRA-PULMONARY	TOTAL
NEW CASES		2	13	5			6	26
% OF TOTAL		8.0%	48.0%	20.0%			24.0%	100.0%
REACTIVATED CASES		2	1					3
% OF TOTAL		66.7%	33.3%					100.0%

4 - M.A.

3- D/S Pos. Cult. Pos
1- D/S Neg. Cult. Pos

14 - Min.

7- D/S Pos. Cult. Pos
6- D/S Neg. Cult. Pos
1- D/S Pos. Cult. Neg

5 - Prim.

2- Non-Bac.
3- D/S Neg. Cult. Pos

6 - Extra-Pulm.

1- Lymph. Non-bac.
2- Lymph. D/S Neg. Cult. Pos.
1- Lymph. Histology only
2- Renal, D/S Neg. Cult. Pos (urine)

TUBERCULOSIS ACTIVITY REPORT

ETHNIC GROUP	TREATY INDIANS			ESKIMOS			METIS & OTHERS			ALL GROUPS		
	1980	1979	1978	1980	1979	1978	1980	1979	1978	1980	1979	1978
POPULATION	8505	8,433	8,068	15,650	15,489	15,582	21,835	22,141	21,485	45,990	46,063	45,135
NEW ACTIVE CASES	15	18	30	7	6	7	4	10	5	26	34	42
INCIDENCE	0.18%	0.22%	0.42%	0.04%	0.04%	0.05%	0.02%	0.04%	0.03%	0.06%	0.07%	0.09%
REACTIVATED CASES	1	2	1	2	5	2		1	1	3	8	4
CASES ON HOME * T.S. DRUG TREATMENT	51	100	284	79	93	140	69	128	120	199	321	514
TUBERCULIN TESTS										10,977	11,096	10,444
B.C.G.										710**	182	767
NO. OF X-RAY SURVEY FILMS										910	1,303	2,251
NO. OF REFERRED FILMS										10,072	10,678	11,881
BACTERIOLOGY TESTS										11,397	6,356	5,905

* Chemotherapy and chemoprophylaxis combined.

** 17 BCG reactions required short term therapy.

BACTERIOLOGICAL STATUS
OF NEW AND REACTIVATED TUBERCULOSIS CASES

	DIRECT SMEAR		CULTURE ONLY		BIOPSY		NON-BACILLARY	
	NEW	RE-ACT	NEW	RE-ACT	NEW	RE-ACT	NEW	RE-ACT
MACKENZIE ZONE								
Eskimos								
Indians	1	1	11		1			
Others	1		1					
TOTAL	2	1	12		1			
INUVIK ZONE								
Eskimos	1							
Indians	1				1			
Others			1				1	
TOTAL	2		1		1		1	
KECHUATIN ZONE								
Eskimos	1		1				1	
Others								
TOTAL	1		1				1	
BAFFIN ZONE								
Eskimos	1	2	1				1	
Others								
TOTAL	1	2	1				1	

* Direct Smear Negative

NEW AND REACTIVATED CASES OF TUBERCULOSIS (ALL FORMS)

	1980	1979	1978	1977	1976	1975	1974	1973	1972	1971	1970
NEW	26	34	42	50	44	48	51	38	48	73	87
RE-ACT	3	8	4	7	7	6	15	11	20	20	27
TOTAL	29	42	46	57	51	54	66	49	68	93	114

CASE FINDING SOURCE

	NUMBER OF X-RAYS	ACTIVE CASES FOUND	NUMBER OF EXAMINATIONS PER CASE
X-RAY SURVEYS	910	1	910
REFERRED FILMS	10072	11	915
BACTERIOLOGY TESTS	11397	17	670

NEW AND REACTIVATED TB CASES

ZONE	NEW CASES	REACTIVATED CASES	TOTAL
NACKENZIE	15	1	16
INUVIK	5	-	5
KEEMATIN	3	-	3
BAFFIN	3	2	5
TOTAL	26	3	29

TUBERCULOSIS CONTROL REPORT

	<u>TREATY INDIANS</u>		<u>EKIMOS</u>		<u>METIS & OTHERS</u>		<u>TOTAL</u>		<u>RECENT CONVERTERS</u>
	NEW	RE-ACT	NEW	RE-ACT	NEW	RE-ACT	NEW	RE-ACT	
Tuktovaktuk									
Inuvik	1				2		3		1
Aklavik			1				1		
Fort McPherson	1						1		
Fort Good Hope									
Fort Norman									
Fort Franklin									
Arctic Red River									
Norman Wells									
TOTAL - INUVIK ZONE	2		1		2		5		1
Cambridge Bay									
Coppermine									
Holman Island									
Spence Bay									
Ojoa Haven									
Fort Simpson					1		1		
Fort Liard	1						1		
Fort Wrigley									
Fort Resolution									
Fort Smith									1
Hay River	1				1		2		1
Fort Providence									
Fort Rae	10						10		5
Snowdrift									
Yellowknife	1	1					1	1	4
Pelly Bay									
TOTAL - MACKENZIE ZONE	13	1			2		15	1	11

TUBERCULOSIS CONTROL REPORT

	<u>TREATY INDIANS</u>		<u>ESKIMOS</u>		<u>METIS & OTHERS</u>		<u>TOTAL</u>		<u>RECENT CONVERTERS</u>
	<u>NEW</u>	<u>RE-ACT</u>	<u>NEW</u>	<u>RE-ACT</u>	<u>NEW</u>	<u>RE-ACT</u>	<u>NEW</u>	<u>RE-ACT</u>	
Eskimo Point									1
Whale Cove			1				1		
Baker Lake									
Rankin Inlet			1				1		
Chesterfield Inlet			1				1		
Coral Harbour									
Rapuae Bay									
Fort Churchill									
Belcher Islands									
TOTAL - KEEWATIN ZONE			3				3		1
Arctic Bay									
Clyde River									
Grise Fiord				1				1	
Igloodik									
Pond Inlet									
Pangnirtung			1				1		1
Broughton Island			1				1		
Cape Dorset			1				1		
Frobisher Bay									
Lake Harbor									
Hall Beach				1				1	
Port Burwell									
Resolute Bay									
TOTAL - EAFFIN ZONE			3	2			3	2	1

NEW & REACTIVATED TUBERCULOSIS CASES BY ZONE AND YEAR

ZONE	1980	1979	1978	1977	1976	1975	1974	1973	1972	1971	1970
MACKENZIE	16	28	35	40	27	21	33	22	25	30	41
INUVIK	5	4	2	4	7	6	7	8	5	6	11
KEEWATIN	3	2	1	-	2	10	13	6	11	9	16
BAFFIN	5	8	8	13	15	17	13	13	27	48	46
TOTAL	29	42	46	57	51	54	66	49	68	93	116

OUT-PATIENTS ON ANTITUBERCULOSIS DRUG THERAPY

As of December 31st Annually

	CHEMOTHERAPY		CHEM- PROPHYLAXIS	
	1960	1979	1960	1979
PACKENZIE ZONE				
Cambridge Bay	-	-	-	2
Coppermine	-	-	-	-
Fort Liard	1	-	1	2
Fort Providence	-	1	-	2
Aae/Edzo	15	48	17	39
Fort Resolution	-	-	-	3
Fort Simpson	1	1	3	3
Fort Smith	3	4	8	20
Fort Wrigley	-	-	-	-
Ejoe Haven	-	-	4	1
Hay River	-	6	1	19
Holman Island	-	-	-	-
Pelly Bay	-	-	-	-
Pine Point	-	-	-	-
Spence Bay	-	-	2	1
Snowdrift	-	-	-	-
Yellowknife	5	6	30	30
	25	66	74	132

INUVIK ZONE

Aklavik	3	1	3	2
Arctic Red River	-	-	-	-
Fort Franklin	-	-	1	1
Fort Good Hope	-	1	2	2
Fort McPherson	1	-	2	4
Fort Norman	1	1	4	8
Inuvik	-	-	12	12
Norman Wells	-	-	-	1
Sachs Harbour	-	-	1	1
Tuktuyohctuk	-	-	4	3
	6	4	29	36

KEMUNITH ZONE

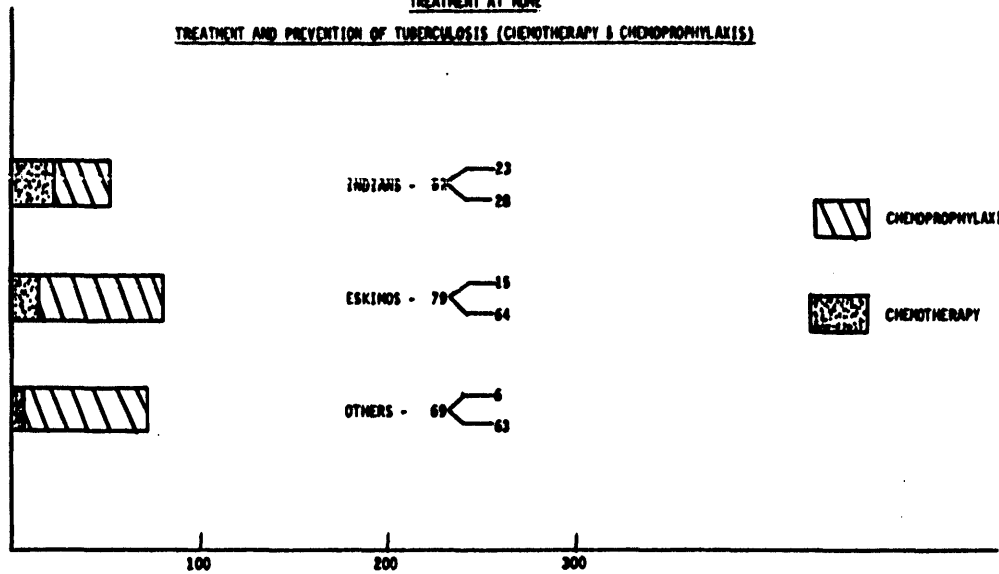
Behar Lake	-	-	-	-
Soniklluuq	1	-	3	5
Chesterfield Inlet	1	-	-	1
Carol Harbour	-	1	3	3
Eskimo Point	-	-	2	1
Rankin Inlet	-	1	4	7
Rapunsa Bay	-	-	2	6
Whale Cove	-	-	-	5
	2	2	14	28

DIFFIN ZONE

Arctic Bay	1	-	-	-
Broughton Island	2	1	5	2
Cape Dorset	2	1	4	2
Clyde River	1	-	1	2
Fraser Bay	4	9	12	26
Grise Fiord	-	-	-	-
Hall Beach	1	1	2	2
Iqrook	-	3	3	4
Lake Harbour	-	-	-	-
Nanisivik	-	1	4	1
Pangnirtung	-	-	2	3
Pond Inlet	-	3	2	1
Port Burwell (Portow Chooch)	-	-	-	-
Resolute Bay	-	-	3	-
	11	20	28	43
	66	92	155	237

TOTAL N.W.T. REGION

TREATMENT AT HOME
TREATMENT AND PREVENTION OF TUBERCULOSIS (CHEMOTHERAPY & CHEMOPROPHYLAXIS)



CASE FINDING METHODS

ZONE	COMMUNITY SURVEYS	REFERRED FILMS	LABORATORY	TOTAL
MACKENZIE	1 6.4%	7 43.6%	8 50.0%	16
IMUVIK		2 40.0%	3 60.0%	5
KESWATIN			3 100.0%	3
BAFFIN		2 40.0%	3 60.0%	5
TOTAL	1 3.4%	11 38.0%	17 54.6%	29

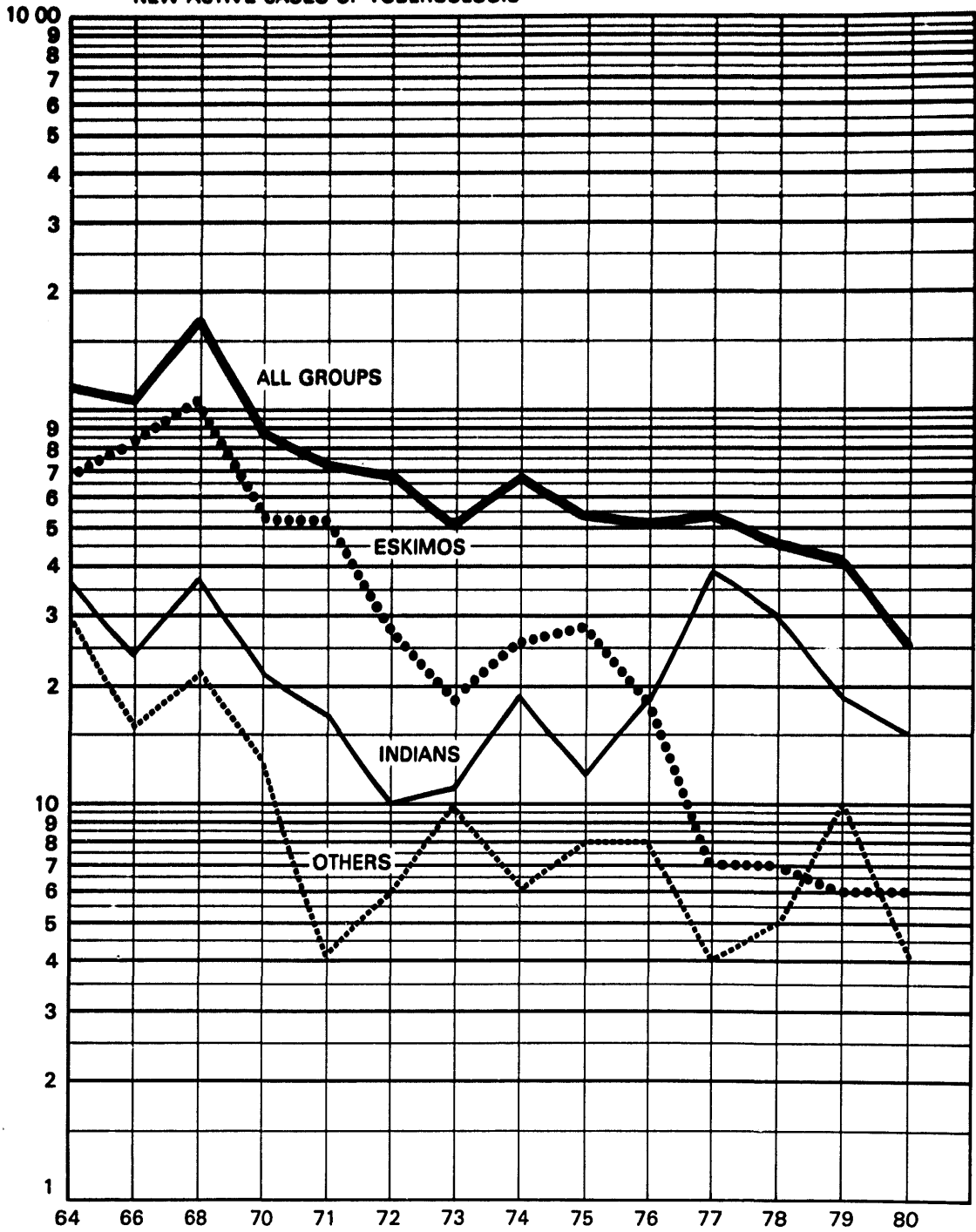
NEW AND REACTIVATED CASES OF TUBERCULOSIS
BY AGE, SEX AND RACIAL ORIGIN

AGE GROUP	TOTAL			TREATY INDIANS			ESKIMOS			METS & OTHERS		
	T	M	F	T	M	F	T	M	F	T	M	F
0 - 4	1	1								1	1	
5 - 9	3	1	2	2	1	1	1		1			
10 - 14	3	1	2	2	1	1	1		1			
15 - 19	2	1	1	2	1	1						
20 - 24	2	2					2	2				
25 - 29	2	1	1	1		1	1	1				
30 - 49	5	3	2	2	2		2		2	1	2	
50 - 69	7	6	1	4	4		2	1	1	1	2	
70 & Over	4	2	2	3	2	1				1		1
TOTAL	29	18	11	16	11	5	9	4	5	4	3	1

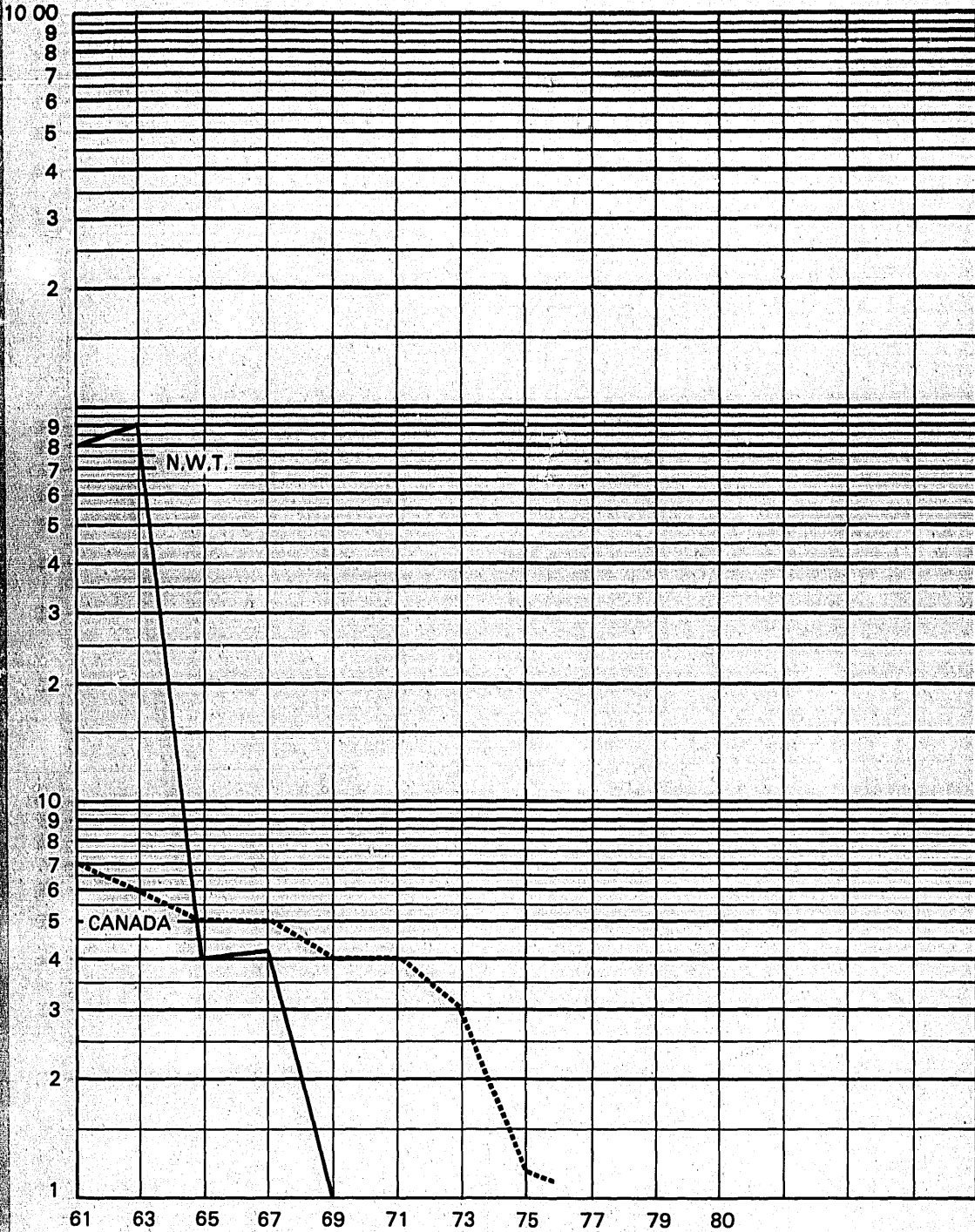
NEW AND REACTIVATED CASES OF TUBERCULOSIS BY EXTENT AND TYPE
INDIANS, ESKIMOS AND OTHERS - NORTHWEST TERRITORIES

	1980	1979	1978	1977	1976	1975	1974
Far Advanced	-	2 4.7%	3 6.5%	4 7.1%	1 1.9%	1 1.8%	5 7.6%
Moderately Advanced	4 13.8%	10 23.8%	9 19.6%	6 10.5%	11 21.6%	10 18.6%	22 33.3%
Minimal	14 48.3%	11 26.2%	13 28.3%	11 19.3%	16 31.4%	26 48.2%	17 25.7%
Primary	5 17.2%	5 12.0%	16 34.8%	25 43.9%	9 17.7%	8 14.8%	10 15.2%
Miliary		1 2.4% (congenital)	-	1 1.7%	1 1.9%	1 1.8%	-
Pleurisy		3 7.1%	3 6.5%	1 1.7%	-	-	-
Extra-Pulmonary	6 20.7%	10 23.8%	2 4.3%	9 15.8%	13 25.5%	8 14.8%	12 18.2%
TOTALS	29 100.0%	42 100.0%	46 100.0%	57 100.0%	51 100.0%	54 100.0%	66 100.0%

NEW ACTIVE CASES OF TUBERCULOSIS



TUBERCULOSIS DEATH RATE PER 100,000



COMMUNICABLE DISEASE PROGRAM

After most departments of Northwest Territories Regional Office moved to Yellowknife, the Infectious Disease Unit along with T.B. Control moved from the Baker Center to the Liberty Building, Edmonton, on February 6th, 1980.

SALMONELLOSIS

There were 109 cases reported compared with 42 in 1979, and 26 in 1978. They were mostly Salmonella Typhimurium. Except for 8 cases in Inuvik Zone, the other 101 were located in the southern part of Mackenzie Zone, with Rae/Edzo having 82 cases reported. The main outbreak at Rae/Edzo was in January (51 cases reported) with about 6 cases reported each month until mid-year, after which there were odd occurrences, Keewatin and Baffin did not report any cases during 1980.

SHIGELLOSIS

There were 209 cases reported compared with 172 in 1979, and 70 in 1978. All zones except Inuvik saw a reduction in 1980 which had an increase of 214% with 157 cases. Overall 85% were Shigella Sonnei with 15% Shigella Flexneri. Sadly, as has happened so often in the past, where natives from several areas gather, a meeting of the Dene Nation at Fort Good Hope in late July saw the beginning of an outbreak of Shigella Sonnei in the area, which is believed to have resulted in 140 known cases being reported.

DIPHTHERIA

Although there were many isolations of Toxigenic Corynebacterium Diphtheriae from Inuvik and Mackenzie Zones, most of them were classed

as "carriers". Of 23 isolations noted in Fort Liard for September, October and November, 11 were counted as clinical cases of diphtheria. The 11 were from throats or noses. During the year several isolations were made in various centres from wounds and ears.

MEASLES

There were 65 cases reported, compared with the outbreak of 227 (mostly Mackenzie Zone) of 1979, and 44 cases in 1978.

BRUCELLOSIS

There were 6 cases reported in 1980 = 2 x Mackenzie, 1 x Keewatin, and 3 from Baffin. All cases were believed to be related to the consumption of caribou meat.

RUBELLA

24 cases were reported, which is very close to the number reported for 1979 and 1978.

MENINGOCOCCAL MENINGITIS

5 cases were reported, compared with 10 in 1979, and 4 in 1978.

SEXUALLY TRANSMITTED DISEASES

Gonorrhoea has again been divided into 2 groups:

1. Confirmed - includes micro-positive and clinically accepted cases from isolated areas. Clinical will not be accepted if other pathogens are found, or, such cases are from Yellowknife, Inuvik, Fort Smith, or Frobisher Bay where clinical laboratories exist.

2. Unconfirmed - includes all suspected Gonorrhoea cases treated and not included in (1), except for a few cases which were omitted from statistics for various reasons.

Micro-positive and clinically accepted cases were reported to Statistics Canada. Unconfirmed cases were not reported to Statistics Canada.

SYPHILIS AND OTHER SEXUALLY TRANSMITTED DISEASES EXCEPT GONORRHOEA

There were no new cases of syphilis reported during 1980. Of the 1550 unconfirmed gonorrhoea suspects it is believed that a good proportion of them had a Non Gonococcal Urethritis, but due to the number of stations classed as "isolated" from a clinical laboratory the numbers can not be estimated.

Herpes Genitalis: Although it is not believed that Herpes Simplex Virus type 2 infections are a major problem, we have had a few queries regarding diagnosis and treatment. Also on several occasions syphilis serology requisitions seen here have had the clinical information added that lesions were present in the genital area, most often in males but also in some females. In no instances during 1980 did any of these produce a positive syphilis serology.

No cases of Chancroid or other less common Sexually Transmitted Diseases were reported, except for a few genital warts cases.

The number of Hepatitis "B" infections being transmitted sexually is not known.

GONORRHOEA

Each Zone except Mackenzie showed an increase of confirmed gonorrhoea, making a total of 10% increase in the incidence for the N.W.T. The largest increase was in Baffin with a 30% increase. Where other zones have had a fluctuating increase or decrease over the last 3 years, Baffin has shown a steady increase since 1976. On the brighter side, a moving average of confirmed cases for the N.W.T. for the last 3 years shows a decrease of about 2%. Another point worthy of mention is that in 1980 there were 566 less

people treated as gonorrhoea suspects (confirmed and unconfirmed) than in the peak year (on record) 1975, despite a sizable population increase during the 5 year period. In 1980 the incidence in Canada of confirmed cases rose by 4% approximately and possible we can take some comfort in the fact that the Alberta incidence rose approximately 16% and B.C.'s rose approximately 6%.

DISEASE	YEAR	INUVIK	MACKENZIE	KEEWATIN	BAFFIN	TOTAL - N. W. T.
Hepatitis (A) (070.1)	1980	0	12	0	0	12
	1979	0	18	0	0	18
	1978	1	28	0	4	33
Hepatitis (B) (070.3)	1980	0	5	2	1	8
	1979	1	6	1	0	8
	1978	0	2	0	0	2
Typhoid Fever (002)	1980	0	0	0	0	0
	1979	1	0	0	0	1
	1978	1	0	0	0	1
Shigellosis (004)	1980	157	36	8	8	209
	1979	50	57	49	16	172
	1978	31	38	0	1	70
Meningococcal Meningitis (036)	1980	0	0	1	4	5
	1979	1	1	4	4	10
	1978	0	2	0	2	4
Meningitis Haemophilus (320)	1980	2	5	0	9	16
	1979	1	4	1	7	13
	1978	1	1	1	3	6
Meningitis Pneumococcal (320.1)	1980	0	0	0	3	3
	1979	0	0	0	1	1
	1978	0	0	0	0	0
Meningitis Viral (047)	1980	0	0	0	0	0
	1979	0	0	0	2	2
	1978	1	0	0	1	2
Salmonellosis (003)	1980	8	101	0	0	109
	1979	10	27	2	3	42
	1978	4	22	0	0	26
Measles (055)	1980	15	33	3	14	65
	1979	16	190	1	17	227
	1978	7	22	66	9	44
Rubella (056)	1980	0	16	0	8	24
	1979	4	13	2	4	23
	1978	7	16	5	0	28
Diphtheria (032)	1980	0	11	0	0	11
	1979	0	1	0	0	1
	1978	2	0	0	0	2
Botulism (005.1)	1980	0	0	0	0	0
	1979	0	0	0	0	0
	1978	0	0	0	2	2
Pertussis (033)	1980	0	0	0	0	0
	1979	0	1	0	0	1
	1978	0	0	0	0	0

(continued)

DISEASE	YEAR	INUVIK	MACKENZIE	KEEWATIN	BAFFIN	TOTAL - N. W. T.
Tularaemia (021)	1980	0	0	0	0	0
	1979	0	0	0	0	0
	1978	0	0	0	0	0
Trichinosis (124)	1980	0	0	0	0	0
	1979	0	3	0	0	3
	1978	0	7	0	0	7
Brucellosis (023)	1980	0	2	1	3	6
	1979	0	0	0	0	0
	1978	0	0	0	1	1
Influenza- like- illness	1980	136	499	416	138	1189
	1979	157	360	455	462	1434
	1978	607	484	693	118	1902
Gastro-enteritis (Unspecified)	1980	295	334	131	179	939
	1979	113	356	206	289	964
	1978	81	331	104	172	688
Chickenpox	1980	85	183	42	69	379
	1979	74	142	13	108	337
	1978	51	313	148	114	631
Humps	1980	0	21	1	2	24
	1979	6	21	1	1	29
	1978	5	23	43	3	74

CHANGES IN INCIDENCE OF GONORRHOEA IN N.W.T.

1978	1979	1980	1980 Change from 1979
1573 Confirmed	1368 Confirmed	1517 Confirmed	Increase 10%
1339 Unconfirmed	1376 Unconfirmed	1550 Unconfirmed	Increase 12%
2912 Total	2744 Total	3067 Total	Increase 11%

CHANGES IN INCIDENCE OF GONORRHOEA BY ZONE (CONFIRMED CASES)

	1978	1979	1980	1980 Change from 1979
Inuvik	361	350	408	Increase 16%
Mackenzie	803	615	590	Decrease 4%
Keewatin	107	84	103	Increase 22%
Baffin	302	319	416	Increase 30%

CHANGES IN INCIDENCE OF GONORRHOEA BY ZONE (UNCONFIRMED CASES)

	1978	1979	1980	1980 Change from 1979
Inuvik	340	513	507	Decrease 1%
Mackenzie	661	547	486	Decrease 11%
Keewatin	112	81	150	Increase 85%
Baffin	226	235	407	Increase 73%

CHANGES IN INCIDENCE OF GONORRHOEA BY ZONE (CONFIRMED AND UNCONFIRMED, COMBINED)

	1978	1979	1980	1980 Changes from 1979
Inuvik	701	863	915	Increase 6%
Mackenzie	1464	1162	1076	Decrease 7%
Keewatin	219	165	253	Increase 53%
Baffin	528	554	823	Increase 48%

GONORRHOEA BY SEX AND ETHNIC GROUP (CONFIRMED AND UNCONFIRMED, COMBINED)

INDIAN		ESKIMO		OTHER		TOTAL		TOTAL
H	F	H	F	H	F	H	F	
376	423	658	817	567	226	1601	1466	3067

GONORRHOEA INCIDENCE (PROPORTIONAL OF TOTAL) BY ETHNIC GROUP (CONFIRMED & UNCONFIRMED, COMBINED)

	INDIAN	ESKIMO	OTHER	TOTAL
	26.05%	48.09%	25.85%	3067
	(31.92% in 1979)	(40.59% in 1979)	(27.47% in 1979)	

GONORRHOEA INCIDENCE BY SEX AND AGE GROUP (CONFIRMED)

- Yr.		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 59		60+	Age ?		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
				2	4	1	17	202	203	332	168	198	63	177	52	70	19	7	2		
																			TOTAL - 1517		

GONORRHOEA INCIDENCE BY SEX AND AGE GROUP (UNCONFIRMED)

- Yr.		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 59		60+	Age ?		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
		1		1	4	35	150	398	194	257	122	126	104	87	33	34	4				
																			TOTAL - 1550		

GONORRHOEA INCIDENCE BY SEX AND AGE GROUP (ALL CATEGORIES COMBINED)

- Yr.		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 59		60+	Age ?		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
		1		2	5	5	52	352	601	526	425	320	189	281	139	103	53	11	2		
																			TOTAL - 3067		

TOTALS: Males 1601 52.20%
 Females 1466 47.79%
 3067 (Confirmed and Unconfirmed, Combined)

GONORRHOEA EPIDEMIOLOGY - (SEE ALSO APPENDIX # 1)

	No. of contacts Reported	No. of contacts Located & treated	Percentage Located & treated
Inuvik	1550	1158	74%
Mackenzie	1229	749	61%
Keewatin	431	322	74%
Baffin	1188	836	70%
N.W.T. Total	4398	3065	69%
(OUTSIDE CONTACTS) (29)		(7)	(24%)

GONORRHOEA RATE PER 100,000 (CONFIRMED)

Based on a population of 45,990 $\frac{\text{Cases}}{1517} = 3298$ Rate per 100,000

GONORRHOEA RATE PER 100,000 (UNCONFIRMED)

Based on a population of 45,990 $\frac{\text{Cases}}{1550} = 3370$ Rate per 100,000

GONORRHOEA RATE PER 100,000 (ALL CATEGORIES COMBINED)

Based on a population of 45,990 $\frac{\text{Cases}}{3067} = 6668$ Rate per 100,000

DURING 1980 THE FOLLOWING COMPLICATIONS OF GONORRHOEA WERE REPORTED

Zone	Sex	Age	Complication
Inuvik	M	37	Epididymitis
Inuvik	F	35	P. I. D.
Inuvik	F	23	P. I. D.
Inuvik	F	24	P. I. D.
Inuvik	F	26	P. I. D.
Mackenzie	F	27	P. I. D.
Mackenzie	F	21	P. I. D.
Mackenzie	F	24	P. I. D.
Mackenzie	F	17	P. I. D.
Mackenzie	F	26	P. I. D.
Mackenzie	F	23	P. I. D.
Mackenzie	F	15	P. I. D.
Mackenzie	F	23	P. I. D.
Mackenzie	F	21	P. I. D.
Mackenzie	F	25	P. I. D.
Mackenzie	F	18	P. I. D.
Mackenzie	F	18	P. I. D.
Mackenzie	F	20	P. I. D.
Baffin	M	32	Orchitis

During 1980 there were 2 cases (female) of pharyngeal Neisseria Gonorrhoeae reported in Baffin Zone.

INCIDENCE OF GONORRHOEA REPORTED BY FIELD UNIT OR DISTRICT

	Confirmed	Unconfirmed	Total Treated 1980	Total Treated 1979	Total Treated 1978
<u>INUVIK ZONE</u>					
Sachs Harbour	0	0	0	5	5
Tuktoyaktuk	83	34	117	111	74
Aklavik	34	78	112	100	71
Inuvik	170	297	467	432	396
Ft. McPherson	42	56	98	113	49
Ft. Good Hope	24	7	31	23	33
Ft. Norman	14	8	22	22	21
Ft. Franklin	17	20	37	33	27
Norman Wells	24	7	31	24	25
TOTAL	408	507	915	863	701

INCIDENCE OF GONORRHOEA REPORTED BY FIELD UNIT OR DISTRICT (continued)

	Confirmed	Unconfirmed	Total Treated 1980	Total Treated 1979	Total Treated 1978
<u>MACKENZIE ZONE</u>					
Cambridge Bay	54	41	95	92	226
Coppermine	39	18	57	52	40
Spence Bay	7	10	17	6	17
Pelly Bay	2	2	4	5	6
Holman Island	0	1	1	2	4
Gjoa Haven	0	0	0	3	11
Port Radium	0	5	5	0	2
Ft. Simpson	37	60	97	128	103
Ft. Liard	24	9	33	42	14
Ft. Wrigley	3	2	5	3	12
Ft. Resolution	27	15	42	25	58
Edzo/Rae	40	41	81	119	151
Snowdrift	31	20	51	25	21
Ft. Smith	92	21	113	176	163
Pine Point	4	6	10	10	15
Hay River	51	53	104	122	110
Ft. Providence	12	7	19	32	76
Yellowknife	166	175	341	319	434
Tungsten	1	0	1	1	0
TOTAL	590	486	1076	1162	1463
<u>KEEWATIN ZONE</u>					
Eskimo Point	42	64	106	45	29
Whale Cove	2	3	5	2	3
Sanikiluaq (Belchers)	2	3	5	7	1
Baker Lake	5	22	27	54	59
Chesterfield Inlet	1	2	3	10	18
Rankin Inlet	46	50	96	31	103
Repulse Bay	5	6	11	11	1
Coral Harbour	0	0	0	5	5
TOTAL	103	150	253	165	219

INCIDENCE OF GONORRHOEA REPORTED BY FIELD UNIT OR DISTRICT (continued)

	Confirmed	Unconfirmed	Total Treated 1980	Total Treated 1979	Total Treated 1978
BAFFIN ZONE					
Arctic Bay	5	7	12	3	10
Clyde River	9	18	27	46	38
Grise Fiord	0	0	0	1	5
Pond Inlet	41	43	84	49	71
Hall Beach	6	9	15	19	6
Resolute Bay	10	13	23	14	37
Igloolik	14	31	45	59	11
Pengnirtung	52	38	90	66	13
Broughton Island	16	25	41	82	35
Lake Harbour	17	18	35	32	19
Cape Dorset	28	23	51	20	60
Frobisher Bay	206	181	387	157	205
Nenisivik	12	1	13	6	18
TOTAL	416	407	823	554	528

GONORRHOEA CONFIRMED CASES

ETHNIC GROUP	TOTAL BY SEX		AGE GR. UPS							AGE NOT STATED
			0-9	10-14	15-19	20-24	25-39	40-59	60+	
<u>INDIANS</u>	M	F	4	5	102	131	138	23	4	
% OF INDIANS			.98	1.22	25.06	32.18	33.90	5.65	.98	
<u>ESKIMOS</u>	416	285	2	13	215	220	209	41	1	
% OF ESKIMOS			.28	1.85	30.67	31.38	29.81	5.84	.14	
<u>OTHERS</u>	321	88			88	149	143	25	4	
% OF OTHERS					21.51	36.43	34.96	6.11	.97	
TOTAL CASES	989	528	6	18	405	500	490	89	9	
% OF TOTAL	65.19	34.8	.39	1.18	26.69	32.95	32.3	5.86	.59	

Confirmed cases by sex - age distribution in three ethnic groups. (Unconfirmed cases not included).

The disease rate of confirmed cases among the various groups was:-

INDIANS	4785	per 100,000	(of Indians)	Population	8505
ESKIMOS	4479	per 100,000	(of Eskimos)	Population	15650
OTHERS	1873	per 100,000	(of Others)	Population	21835
ALL GROUPS	3298	per 100,000		Population	45990

COMPARATIVE RATES

<u>N. W. T.</u>	<u>1980</u>	<u>1979</u>	<u>1978</u>
	3298	2969 per 100,000	3485 per 100,000
<u>CANADA</u>	1980 figures not available until later in 1981	210.1 per 100,000	209.3 per 100,000

SYPHILIS, AND OTHER SEXUALLY TRANSMITTED DISEASES, NOT INCLUDING GONORRHOEA

There were no new cases of syphilis reported during 1980.

	1980	1979	1978	1977	1976	1975	1974
Incidence	0	2	0	2	4	0	4

While it is believed that there were several occurrences of *Herpes Genitalis* no positive lab evidence was noted.

There were possibly about 12 cases of genital warts noted.

As stated earlier in this report it is extremely difficult to determine how many unconfirmed gonorrhoea cases had a Non-Specific Urethritis.

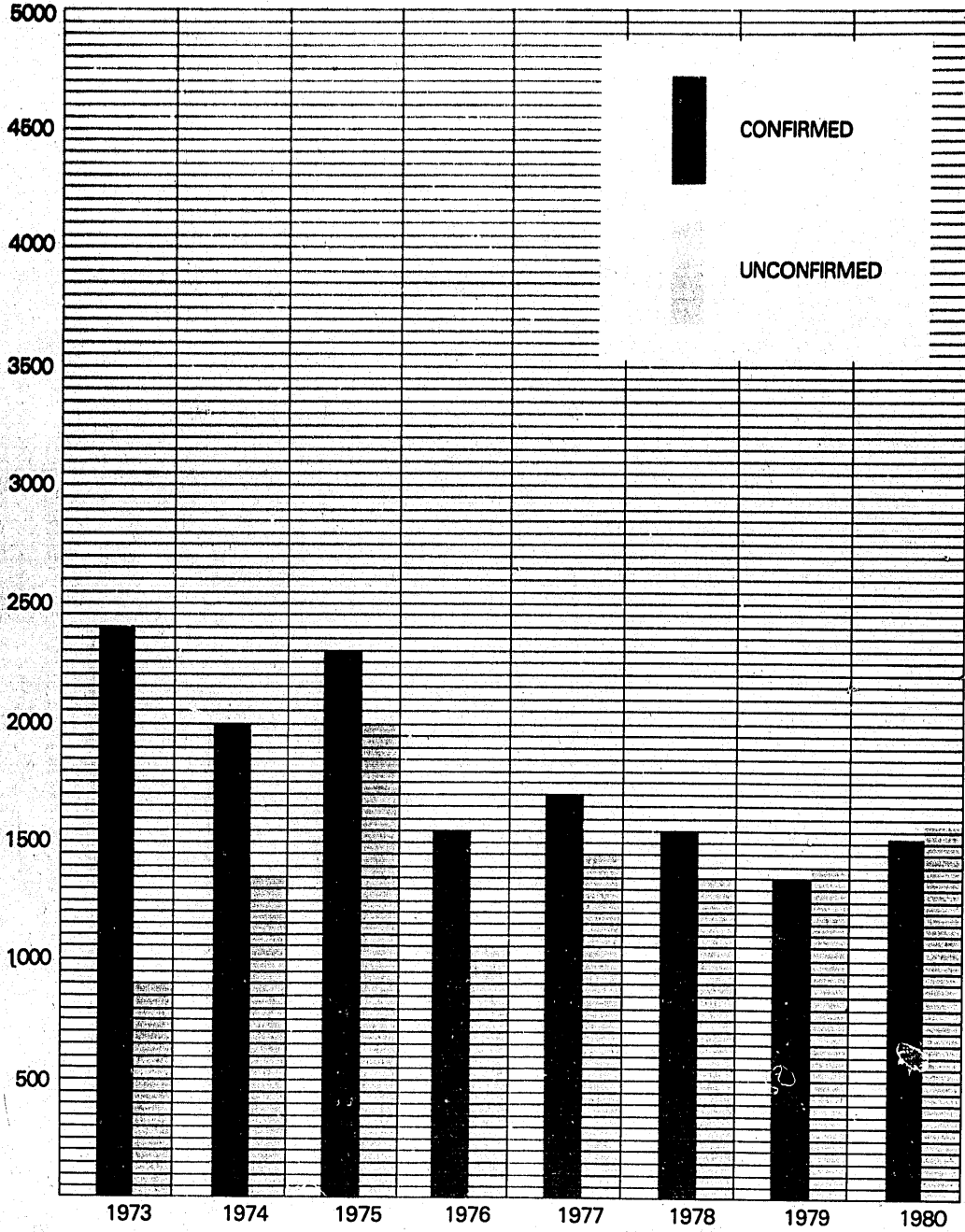
ESTIMATED POPULATION 45,990

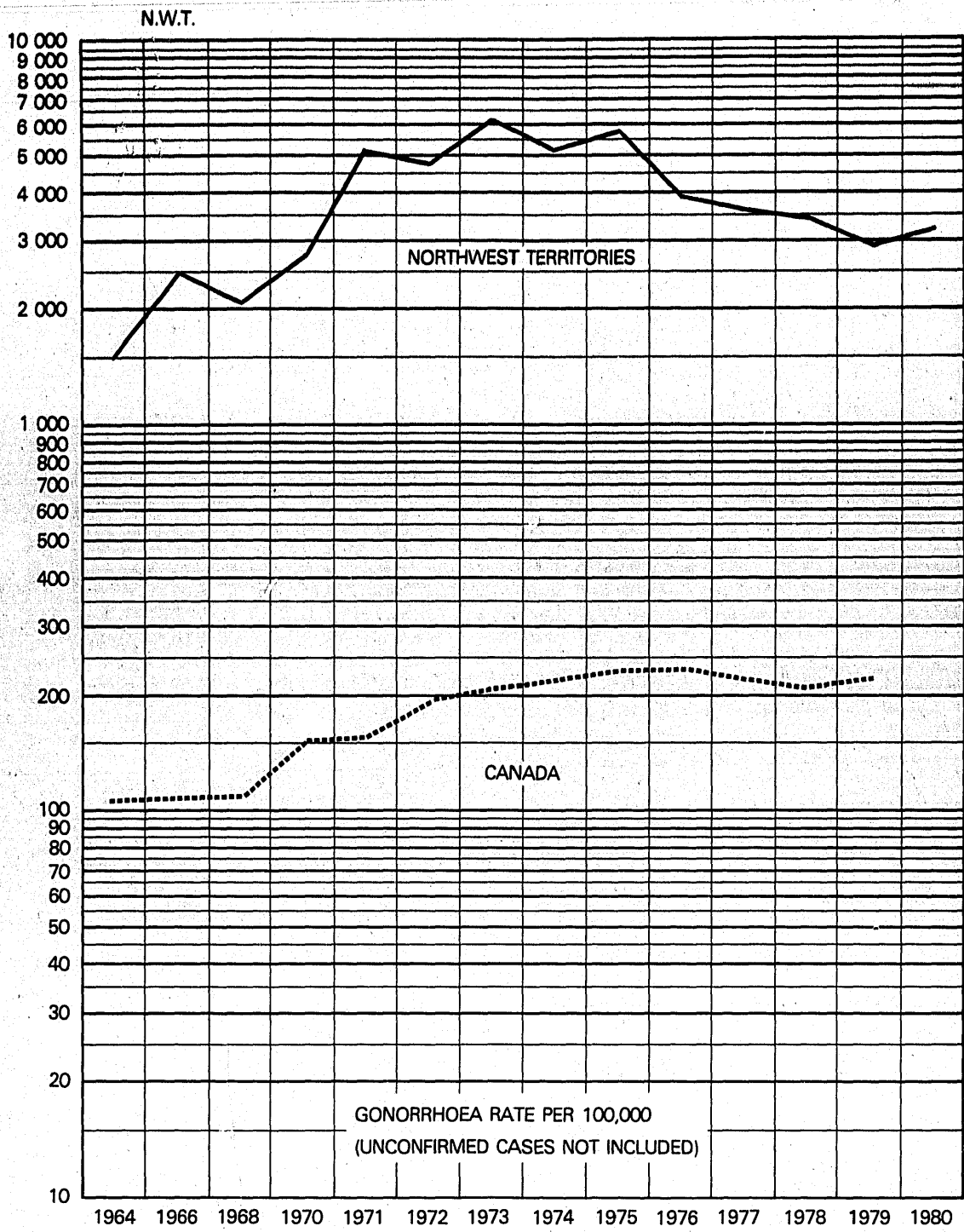
TOTAL CASES IN 1980 - 0

ZONE OR AREA	No. of Gonorrhoea cases treated during.	No. of sources & contacts reported to be in Zone or Outside	No. of sources & contacts located & treated	No. of sources & contacts from Prev. months treated	No. of sources & contacts reported as unknown
INUVIK ZONE	408 (507)	1550	922 (11 58)	236	63
MACKENZIE ZONE	590 (486)	1229	530 (7 49)	219	90
KEEWATIN ZONE	103 (150)	431	256 (3 22)	65	10
BAFFIN ZONE	416 (407)	1188	636 (8 36)	200	65
OUTSIDE		29	7		
TOTALS	1517 (1550)	4427	2351 (30 71)	720	228

Figures in parenthesis - unconfirmed cases.

GONORRHOEA INCIDENCE — N.W.T.
1973 - 1980





MENTAL HEALTH PROGRAM

It should be recognized that the provision of mental health related services in the Northwest Territories is not solely the responsibility of NWT Region, Medical Services Branch. In the area of mental health, any demarcation between "health services" and "social services" is purely artificial and the Department of Social Services, Government of the Northwest Territories is, therefore, a major contributor to a mental health programme. With this in mind, the mental health programme of N.W.T. Region operates in cooperation with the Department of Social Services and other agencies including the N.W.T. Department of Health.

PROGRAMME

The programme is based on the establishment of Mental Health Co-ordinator positions at the Zone level with a back-up service by psychiatrists. The philosophy in treatment is to treat the patient locally where at all possible reserving evacuation to the south for the exceptional cases only.

(1) Mental Health Co-ordinators

During 1980 mental health co-ordinators were in place in Inuvik, Yellowknife and Frobisher Bay. Plans have been drawn up to increase the number of mental health co-ordinators in Mackenzie Zone to two and to create a new position in Keewatin Zone.

The mental health co-ordinator has a background in one of the

mental health disciplines, i.e. psychiatric nursing, psychiatric social work or psychology. The duties of the mental health co-ordinator include:

- (a) Consultation to Medical Service field staff and other agencies.
- (b) Mental Health education in the communities.
- (c) Providing assistance to communities to develop mental health related programmes - e.g. counselling services.
- (d) Individual assessment and therapy.
- (e) Co-ordination of mental health related services.
- (f) Organization of psychiatric visits to ensure optimum use of time available.

The mental health co-ordinator therefore works with all agencies and organizations in the communities. Of particular note is the development in Frobisher Bay of a mental health team, whereby the mental health co-ordinator works in concert with a psychiatric social worker from the Department of Social Services.

(2) Back-Up Psychiatrist Services

The only resident psychiatrist in the Northwest Territories during 1980 was located in Yellowknife in the Mental Health Unit of the Stanton Yellowknife Hospital.

To fill the gap in the availability of psychiatrist services, N.W.T. Region, Medical Services has entered into contractual arrangements with psychiatrists from the Clarke Institute, Toronto and with

the University of Manitoba to provide psychiatric consultation and immediate telephone consultation to Baffin and Keewatin Zones respectively. Inuvik Zone received this service from the Regional Psychiatrist until the move to Yellowknife left this position vacant. Since then the previous Regional Psychiatrist has provided this service also on a contractual basis. With the staffing of the Mental Health Unit at the Stanton Yellowknife Hospital, early in 1981, to include two psychiatrists, a clinical psychologist, a psychiatric nurse, two mental health co-ordinators (on secondment from Medical Services Branch) and a psychiatric social worker, extensive services will be provided to the Mackenzie Zone.

Considerable co-operative planning has occurred with the N.W.T. Government, Department of Health, particularly in the area of Mental Health Services to the Mackenzie Zone.

NATIONAL NATIVE ALCOHOL ABUSE PROGRAM

N.N.A.A.P. provides funds for native organizations to form their own projects to combat the Alcohol problem in their Communities. At the present time there are four projects in the Northwest Territories. Yellowknife Tree of Peace Alcohol Fieldworkers Program, Aklavik Alcohol Education Committee, Baker Lake Alcohol Education Committee and Pond Inlet Alcohol Education Committee. The four projects for the N.W.T. cover approximately 7000 Natives from 80 Communities. Funds from National Native Alcohol Abuse Program are allocated to Native people only.

TREE OF PEACE SOCIETY-ALCOHOL FIELDWORKERS PROGRAM

The Tree of Peace Society is a non-profit Corporation whose objective is to encourage support, develop and conduct programmes of education and Community development in the Communities of Yellowknife and Detah. N.A.A.P. provides funds to the Tree of Peace Society for three Alcohol Fieldworkers. The program offers Counselling, Education, Prevention, Evening Classes, and also refferal services. The Fieldworkers are actively involved with the Correctional Centre, the Adult Education Centre and in Community visists. This project has been running for the last 3 years. The funding for 80/81 was \$55,000.00

AKLAVIK ALCOHOL EDUCATION COMMITTEE

N.A.A.P. provides funds for Aklavik Alcohol Education Project. The staff run a Drop-In-Centre for all ages, conduct counselling, Alcohol Education in the schools, home visits and also a "back to the bush program". They also assist youths in Aklavik to find diversions outside of the use of Alcohol and Drugs. The counsellors work with the R.C.M.P. and Correctional Officers to assist in placing youth in jobs instead of jail. The Counsellors also provide information to the Community by its use of local media. The project has one full time Counsellor and one part time Counsellor. This project has been running for two years and has had very good support from the Community which has provided lumber to enlarge the existing building.

The funding for 80/81 was \$21,541.00.

BAKER LAKE ALCOHOL EDUCATION COMMITTEE

Baker Lake Alcohol Project is running a Counselling services for Alcohol problems in the Community, in families and also to provide Alcohol Education in school. They make their own posters and pamphlets for the local Communities. The project has one full time counsellor and one part time counsellor. Baker Lake has high support for their alcohol project with board members and on the Hamlet Council.

The funding for 80/81 was \$15,380.00

POND INLET ALCOHOL EDUCATION COMMITTEE

Pond Inlet Alcohol Education Committee has been running for 2 years. This Alcohol Committee is voted in for 3 years by the local people to run a volunteer alcohol project. This project has one full time Alcohol worker, to do Counselling, to teach Alcohol awareness in the Community, in public schools, and give presentations on local radio about alcohol related problems. He provides information, handles probations and also administers to the alcohol volunteer workers.

Funding for this project for 80/81 was \$19,328.00.

CULTURAL ORIENTATION PROGRAM

Inuit and Indian Involvement Co-ordinators were brought on strength with N.W.T. Region in 1980. Both Native Co-ordinators have been active in meetings, workshops, orientations and have accomplished two major objectives.

1. Approval was granted from Northern Careers to sponsor six training positions with Medical Services Branch, N.W.T. Region.
2. N.W.T. Region was granted budget approval from Branch Headquarters for Cultural Orientation Programs.

INUIT INVOLVEMENT CO-ORDINATOR - successfully met with the Inuit Cultural Institute in Eskimo Point to assist in the design and development of a formal Cultural Orientation Program for Medical Services

INDIAN INVOLVEMENT CO-ORDINATOR - is working closely with Native Organizations to conduct an Indian Health Conference in Rae/Edzo, March, 1981.

Priorities are in the areas of Cultural Orientation Program/Workshop and Native Training/Employment at Medical Services Branch, N.W.T. Region. Eventually both Inuit and Indian Involvement Co-ordinators will work in the communities setting up health committees and act as a liaison for Medical Services and Native Organizations in the North.

ENVIRONMENTAL HEALTH PROGRAM

Environmental health surveillance is provided to the entire population of the Northwest Territories. A cadre of ten Environmental Health Officers is able to provide adequate service at the present time. These Health Officers work closely with relevant departments of the N.W.T. Government, federal agencies, municipalities, local government, communities and the private sector in providing advice, surveillance and follow-up on all matters of an environmental health nature.

A comprehensive approach toward environmental and occupational health inspection services has been instituted to ensure conformance with responsibilities outlined in the Public Health Ordinance and Regulations, federal and international acts and regulations, as well as community by-laws.

Part of this service includes management of the public health engineering aspects of community development, including water treatment and supply, sewage treatment, drainage and waste disposal, as well as commercial and domestic construction. This includes reviews of feasibility studies, design proposals, plans and specifications prepared by territorial government departments, municipalities, consultants and planners. A consultant public health engineer provides advice of a technical nature to the health authority on engineering matters.

A major thrust in this program is to work closely with those agencies and individuals carrying out services which have an impact on the public's health and educating them in proper practices to reduce hazards to the

public. Compliance or non-compliance with public health regulations is emphasized through an enforcement by education approach, however legal action may be taken when non-compliance is continued without due cause.

The Country Food Exchange program continues to receive a considerable amount of attention, with the emphasis on identifying potential hazards if proper handling, storage and transportation practices are not implemented. Guidelines have been developed for those involved in this program to ensure safe handling of these commodities.

Environmental Health Services continue to provide support toward the expanding Occupational Health and Safety Program, including atmospheric and work environment monitoring. Additionally we have provided a comprehensive occupational health inspection and consultation service to federal agencies, which includes facilities where the public congregates, and assistance to Territorial agencies in cooperative efforts toward their programs. This aspect of health care must receive increased emphasis to match increased development. Available current staff includes personnel with the Occupational Health Unit in Ottawa who provide consultant and laboratory services; one physician trained in occupational and public health; one health officer with specialized training in this field; and, nine others who provide the general on-site inspection service.

Health Officer positions are located throughout the Northwest Territories to provide these services; one at the Regional Office in Yellowknife, two in Baffin Zone, one in Keewatin Zone, two in Inuvik Zone and four in Mackenzie Zone (three in Yellowknife and one in Hay River). All

positions were filled by the end of December, 1980 with exception of the Keewatin Zone. This zone was provided with service, on an interim basis, from Mackenzie Zone.

ENVIRONMENTAL HEALTH PROGRAM - 1980
(Excluding Quarantine and Regulatory)

<u>INSPECTIONS</u>	
Carriers	16
Federal Property	266
Native Communities	282
Other	2128
<u>TESTING & SAMPLING</u>	
Carriers	6
Federal Property	88
Native Communities	212
Other	402

OCCUPATIONAL HEALTH PROGRAM

In the Northwest Territories there is a multiplicity of agencies, each responsible for a particular aspect of occupational health. Their respective roles are summarized in the paragraphs which follow.

The Worker's Compensation Board is responsible for administering the Worker's Compensation Ordinance, and has been fully operational since the beginning of 1977. The Board collects assessments from employees and pays compensation to workers for loss of earnings due to work-related injury or illness. The Board is interested in the prevention of industrial accidents and the protection of workers' health, but has no statutory authority in these areas.

Official responsibility for industrial safety and for certain facets of occupational health is assigned by the Safety Ordinance, and by the Safety Regulations under this ordinance, to the Chief Safety Officer in the Department of Justice and Public Services. The regulations contain specific provisions for accident prevention, personal protective clothing and equipment, first aid services, office safety, and construction and maintenance safety.

Responsibility for health and safety in mines is defined by the Mining Safety Ordinance, which has hitherto been administered by the Department of Indian Affairs and Northern Development, but which may come under the direct jurisdiction of the Territorial Government some time during 1981.

The interest of Medical Services Branch in occupational health is two-fold. First, the Branch is responsible for implementing Treasury Board policy in relation to Public Service Health, and its activities in

this connection are described elsewhere in this report. Secondly, the Branch is responsible for administering the Public Health Ordinance, many of the provisions of which fall within the scope of occupational health and are of direct concern to the Environmental Health Officers.

With so many agencies having a role to play in occupational health there is some risk of duplication of effort but a more serious risk of gaps in service. An attempt is made to coordinate activities through two sets of periodic meetings, one involving the Medical Services - NWT Working Group on Occupational Health, the other involving the Tripartite Committee on Toxic Pollutants. At these meetings gaps in service can be identified, and the responsibility for bridging them can be assigned.

During 1980 a major concern of Medical Services in the NWT Region was the possibility of occupational exposure to asbestos. A general survey of federal property for potential risk from asbestos was undertaken throughout the Region, and detailed inspections of Ministry of Transport buildings were conducted at Fort Smith, Norman Wells and Yellowknife.

In a parallel survey the Occupational Health and Safety Division of the Territorial Department of Justice and Public Services identified an asbestos hazard in the liquor store at Inuvik. At their request Medical Services Branch arranged for the liquor store employees to be medically examined. Of the nine employees who attended for examination none showed any impairment of respiratory function or other effects of exposure to asbestos.

ENVIRONMENTAL CONTAMINANTS PROGRAM

In collaboration with the N.W.T. Department of Health and the Occupational Health and Safety Division of the Department of Justice and Public Services, the Medical Services Branch is responsible for monitoring environmental pollutants. The mechanism for this collaborative effort is the Tripartite Committee on Toxic Pollutants. Other departments involved in the activities include Environment Canada, Fisheries and Oceans Canada, and the Department of Indian Affairs and Northern Development.

The contaminants of primary concern to the Medical Services Branch during 1980 were arsenic, lead and mercury, and there follows a brief statement about each.

Arsenic is a waste product from the mining and refining of gold. There are two gold mines in the immediate vicinity of Yellowknife, and each produces several tons of arsenic per day. Until a few years ago some of the arsenic used to escape into the atmosphere as arsenic trioxide, resulting in the contamination of vegetation and water courses but this problem is now under control. The remaining problem of waste disposal is solved by storage in underground silos. Even this problem has been eliminated for one of the mines, however, since a chemical firm in the United States has contracted to purchase its total arsenic output. The material is trucked in sealed containers approximately three times a week.

Lead has been mined for many years at Pine Point and for the last few years at Nanisivik, near the northern tip of Baffin Island. Medical Services Branch has a special interest in Nanisivik, because many of the

employees are Inuit. Miners at Nanisivik undergo a pre-employment physical examination and a periodic examination every two years. On each occasion a blood sample is drawn and submitted to the laboratory at Branch Headquarters in Ottawa for estimations of lead and erythrocyte protoporphyrin levels. Particular attention is given to employees who show a lead concentration in excess of 40 mcg per 100 ml.

Mercury is a natural environmental contaminant which finds its way into seal meat and fish. Since these are important components of the native diet, particularly that of the Inuit, concern has been expressed about the possible risk to human health. The residents of selected communities have been surveyed for evidence of mercury absorption by the analysis of samples of hair and blood, and physical examinations have been arranged for persons showing unduly high concentrations. No case of mercury intoxication has come to light, and it has been suggested that naturally occurring selenium facilitates the tolerance of high mercury levels.

MAINTENANCE AND CONSTRUCTION PROGRAM

Maintenance and new construction undertaken in 1980 were as follows:

BAFFIN ZONE

Cape Dorset

Plans and specifications for construction of a new station were completed and the project is to be tendered in early 1981.

Frobisher Bay

The Frobisher Bay Hospital underwent major renovations and upgrading; improvements included renovation of the pediatric ward, expansion of the kitchen area, installation of a new roof and upgrading of equipment.

The new warehouse had some warranty work completed.

Hall Beach

New sewage holding tanks were supplied and installed in this station to alleviate maintenance problems and to upgrade facilities.

Arctic Bay

Sewage tanks were removed and the facility was hooked up directly to the community water and sewage system.

Lake Harbour

Grading of the property site was performed to alleviate ice and water build-up around the station and to prevent damage to facilities and injury to personnel.

Pond Inlet

Electric wiring in the Dental Therapist living accommodation was renewed to meet fire standard code and to upgrade the facility until it can be replaced.

General Maintenance

Maintenance on all stations in the Baffin Zone was performed during the first half of the year under contract and during the last half of the year by the Department of Public Works.

KEEWATIN ZONE

Eskimo Point

This relatively new station has some structural problems which were investigated during 1980 and are to be corrected early in 1981.

Rankin Inlet

Due to continual leakage problems the roof on this station was replaced on the residence side and joined up to match the roof on the clinic side.

General Maintenance

Maintenance on all stations in this zone were performed during the first nine months of the year and during the last three months by Public Works Canada.

MACKENZIE ZONE

Gjoa Haven

Plans and specifications for replacement of the roof of the station were completed and the work will be tendered in 1981.

Holman Island

Plans and specifications were completed for the construction of a new station and residence, and building will commence next year.

Fort Resolution

A Dental Therapist residence was acquired and will undergo repairs in early 1981.

General Maintenance

Maintenance on all stations in the zone was carried out by our own employees.

INUVIK ZONE

Fort Good Hope

This station underwent major renovations and expansion during the summer of 1980. It has been inspected and deficiencies have been noted.

Fort Norman

Plans and specifications have been developed for a major renovation of this station which is to be carried out during 1982.

General Maintenance

Maintenance on all stations in this zone were carried out by our own employees.

MAINTENANCE AND CONSTRUCTION PROGRAM

During 1980, Public Works Canada, Winnipeg at our request inspected Medical Services facilities and confirmed our concerns. This report has been scheduled into the five year capital program to be completed as soon as possible for the safety of staff and patients and to protect and preserve government property.

It is anticipated in 1981 a formal agreement with Public Works Canada will be established to perform a preventative maintenance program for Baffin and Keewatin Zone.

We will also request Public Works Canada to perform inspections of our facilities in both Mackenzie and Inuvik Zone.



"BREAK AWAY"

DON. J. CARDINAL
N.W.T. / 81

HEALTH SUPPORT PROGRAMS

Northern Medical Research Unit

Civil Aviation Medicine

Northwest Territories Water Board

Emergency Health Services

Emergency Planning Services

Contract Services

Clarke, Institute of Psychiatry - Mental Health - Baffin Zone

Northern Medical Unit - Keewatin Zone

NORTHERN MEDICAL RESEARCH UNIT

The Northern Medical Research Unit is responsible for keeping abreast of newer research and of developments related to the health problems which are peculiar to northern populations and northern environments. The unit suffered a setback on 1st December, 1980, when one of its two physicians was transferred back to Alberta Region.

Activities vary from year to year according to demand. The following specific projects were undertaken during 1980.

1. General and occupational health survey of Inuit and non-Inuit miners and other employees of the Nanisivik mine, and of a representative population sample from Arctic Bay.

Whether working above or below ground, Inuit employees at Nanisivik showed much greater (by 50-100%) skinfold thicknesses and considerably higher (by 30-40mg/100ml) serum cholesterol levels than those previously observed in the same individuals or in persons of the same sex and age group at Arctic Bay in 1976. Both skinfolds and serum cholesterol were well within normal limits in almost all persons examined. Means were lower than those recorded for Inuvik natives in 1978 and were noted to be approximately midway between those found at Arctic Bay in 1976 and at Inuvik in 1977.

Hemoglobin and red cell indices showed slightly better values than those found at Arctic Bay in 1976, but because of

the smallness of the population sample at Arctic Bay the difference could not be regarded as significant. Similar results were obtained for Vitamin C levels.

Vitamin A levels were impressively low, particularly in children and adolescents. In co-operation with Branch Headquarters and the Health Protection Branch, preparations were made for a trial, due for completion in March 1981, to test the effect of a single high dose of Vit A on the 20 or 25 children whose blood levels were lowest.

2. Involvement in screening and priority listing of Canadian contributions to the next Circumpolar Health Symposium, due to take place in August 1981.
3. Continued communication with the World Health Organization and prospective Canadian participants concerning plans for a workshop on northern needs in environmental health and public engineering.
4. Parasitological examination of South West Asian refugees and consultation in connection therewith.
5. Participation in tripartite discussions of the Arsenic Control Program. This program involved the collection and analysis of 24-hour urine specimens from mill operators after days at work and away from work. It was demonstrated that the urinary excretion of arsenic was influenced more by dietary factors, such as the consumption of lobster or clam meals

on off-duty days, than by exposure to arsenic in the mill. A good working relationship with the union helped to put the arsenic problem at Yellowknife in a more realistic perspective.

The tripartite discussions also covered the Mercury Control Program. A substantial reduction in the expenditure of time and money on this program was made possible by the demonstration that mercury levels in hair samples were generally moderate or low, and by the realization that those levels were unrelated to clinical toxicity.

6. Participation as members of the N.W.T. Water Board in various local public hearings.

7. Review of Environmental Contaminants for the Science Advisory Board of the N.W.T.

The unit has been responsible for several published studies, and a list of these appears on the following page. It should be noted that some of the publications reflect work which was done in previous years.

CONTRIBUTIONS TO THE SCIENTIFIC LITERATURE
FROM THE NORTHERN MEDICAL RESEARCH UNIT

1. Respiratory function impairment and cardiopulmonary consequences in long-time residents of the Canadian Arctic: By. O Schaefer, R.D.P. Eaton, F.J.W. Timmermans & J.A. Hildes. CMA Journal/Nov. 22, 1980/Vol. 123, pp. 997-1004
2. General and Nutritional Health in Two Eskimo Populations at Different stages of Acculturation: by O. Schaefer, J.F.W. Timmermans, R.D.P. Eaton and A.R. Mathews. Can. J. of Publ. Health, Vol. 71, November/December 1980. pp 397-405.
3. Dietary Habits and Nutritional Base of Native Populations of the Northwest Territories: by Otto Schaefer & Jean Steckle. Prepared for Science Advisory Board of the Northwest Territories August 1980. Published by the Dept. Information, Government of the N.W.T., Yellowknife, N.W.T.
4. Letter to the Editor: Lo-the poor Eskimo! Am. Heart Journal, December, 1980, Vol.100, No.6, part 1.
5. Letter to the Editor: Re: Infant growth standards. The Lancet, January 10, 1981.
6. R.D.P. Eaton, D.C. Secors & P. Hewitt: Experimental assessment of toxic potential of mercury in ringed seal liver for adult laboratory cats. Toxicology & Applied Pharmacology, Vol. 55, pp. 514-521.
7. R.D.P. Eaton: High background mercury level in Northern Latitudes: Arctic, Vol. 32, pp. 376-77.

8. D.C. Secord, G.A. Bradley, R.D.P. Eaton & D. Mitchell:
Prevalence of rabies virus in foxes trapped in the
Canadian Arctic. Canadian Veterinary Journal, Vol.
21, pp. 297-300.
9. Report of Working Group on intestinal parasites of man
in the Canadian environment.
Chairman of this group of 9 was Marshal M. Laird. One
of the 9 was R.D.P. Eaton. NRCC published document
#18128.

CIVIL AVIATION MEDICINE

In 1980 the Civil Aviation Medicine Program was continued under the Memoranda of Understanding existing between Department of National Health and Welfare, Medical Services Branch and Transport Canada. Service was provided from Civil Aviation Medicine offices in Edmonton, Winnipeg and Montreal. The tasking is determined by Transport Canada.

The primary aims of Civil Aviation Medicine remain

1. Medical assessment of aircrew and air traffic controllers.
2. Aviation Medicine education of all concerned with aviation, and in particular the Civil Aviation Medical Examiners, pilots at all levels, and air traffic controllers.
3. Human factors assessment and investigation of all aircraft accidents and incidents.

Aircraft accidents north of the 60 are presently being reviewed for a paper on the human factor identification in accidents involving this particular geographical area.

In the Northwest Territories in 1980 there were only two fatal accidents involving two fatalities. One was a commercial long range revenue flight and the other was a private flight. Both were weather related accidents. There were, however, twenty-five total accidents in the Northwest Territories. The accident rate appears low and is improving on a year to year basis especially when related to the hours and distances flown in the N.W.T. Region. The equipment and navigational aids are becoming more sophisticated and reliable.

NORTHWEST TERRITORIES WATER BOARD

The Northwest Territories Water Board is a body composed of Federal, Territorial and non-governmental representatives charged with ensuring responsible development of water use and wastewater disposal for all purposes in the Northwest Territories. Medical Services is an active participant with one physician serving as a full member; a consultant public health engineer providing input to the Technical Committee of the Board, and, the Regional Health Officer coordinating these efforts. We continued to play an active part in discussions, working groups and public hearings of the Board by providing health related information throughout 1980.

EMERGENCY HEALTH SERVICES

Effective liaison between Emergency Health Services, Transport Canada, the Canadian Forces, and the Government of the Northwest Territories is in place to ensure implementation of measures for medical intervention and coordination in the event of a major air crash or other disaster.

Public interest in this area is encouraged by Medical Service through participation with related government, civic and volunteer agencies in emergency health exercises and demonstrations.

Casualty collection units are located in all Class "A" airport locations. "B" and "C" class airports are equipped with airport disaster kits. Survival kits are maintained in zones and nursing stations for use in evacuation procedures.

EMERGENCY PLANNING SERVICES

Emergency Planning Services are intended to deal with any abnormal situation which might tax the resources and manpower of communities, Government or Emergency Health Services to the limit of their recognized capabilities.

Assistance is provided to communities with the formulation of contingency plans, including those concerned with public health and with protection of the environment against contaminants. Such plans must ensure that medical needs are properly assessed and that available resources are effectively and economically utilized.

Emergency plans for the Northwest Territories are required to be flexible so that there can be an immediate response to a changing situation. Contingency requirements must be regularly reviewed and updated to ensure effectiveness. It is almost a rule in the north that, even under the best of circumstances, situations will change and plans will have to be revised.

CONTRACT SERVICES

In order to provide specialist services that would otherwise not be available in the Northwest Territories, Medical Services enters into service contracts with a number of Universities and private agencies.

During 1980/81 such contracts were maintained with:

1. University of Alberta, providing Specialists, Residents and Para-Medical personnel services for Mackenzie and Inuvik Zone.
2. University of Alberta, providing an Inservice Education Program to the Nursing Staff at Inuvik General Hospital.
3. University of Manitoba, providing General Practitioners, Specialists, Para-Medical personnel and Interpreters to Keewatin Zone.
4. University of Manitoba, providing Specialists to Keewatin Zone.
5. McGill University, providing Medical Services to the Baffin Zone and Interpreter Services to the Montreal Hospital.
6. University of Toronto, for professional staff of Fort Smith Dental Therapy School.
7. Stanton Yellowknife Hospital for Ophthalmological Services in the Mackenzie Zone.
8. Associated Radiologists, providing radiological care for residents of the Inuvik Zone.
9. Dr. J. David Roger and Associates, providing radiological care for residents of the Baffin Zone.

10. Clarke Institute of Psychiatry, providing Psychiatric Care for the Northwest Territories.
11. Dr. Covert and Dr. Gustaffson, providing medical services for Fort Providence.
12. The Priory of the Order of St. John in Canada, providing Home Nursing Care, educating CHR's and residents of the Northwest Territories.
13. Hay River Dental Clinic, providing professional dental services to the residents of Fort Liard, Fort Providence, Coppermine, Cambridge Bay and Holman Island.
14. Dr. Patrick Abbott, providing psychiatric care for the Northwest Territories.
15. Dr. Brian W. Sigstad, providing orthodontic treatment to the residents of Yellowknife.

CLARKE INSTITUTE OF PSYCHIATRY - MENTAL HEALTH - BAFFIN ZONE

Over the past 10 years the Clarke Institute of Psychiatry has provided psychiatric consultation services to the Baffin Zone under a contractual agreement with the Department of Health and Welfare.

Consultants for the two 1980 consultation visits were accompanied by senior residents in psychiatry from the Institute. This resident training experience has proven to be valuable in sustaining interest in Arctic consultations and providing some psychiatric personnel to the N.W.T.

Consultation services consist of direct clinical consultations, training and supervision of personnel, consultation with agencies such as Education, Social Development, courts and R.C.M.P. and continued telephone consultation with physicians, nurses and other agencies enabling further supervision of treatment.

Numerous case-centered consultation conferences with nurses, medical and educational personnel are of major importance in structuring treatment and management programs.

The opening of a Mental Health Unit for the Baffin Zone, located in Frobisher Bay, has greatly assisted in co-ordination of visits and the follow-up of clinical cases. Due to the turnover of professional staff, maximum utilization of Mental Health Services has been affected.

NORTHERN MEDICAL UNIT - KEEWATIN ZONE

The Northern Medical Unit of the University of Manitoba provides regular physician services in collaboration with the Churchill Health Centre and the Keewatin Zone of Medical Services Branch under contractual agreements with Health and Welfare Canada.

Services from this Unit include:

- Regular consultations and visits to communities by General Practitioners and Specialists.
- Assessment, in Churchill, of evacuated patients from the Keewatin Zone to determine whether they should remain in the Health Centre or be transferred to the University Hospital in Winnipeg.
- Twenty-four hour telephone consultation with physicians in Churchill to aid nurses in unusual medical problems and in decisions regarding necessity for medical problems and in decisions regarding necessity for medical evacuation.
- Provision of Dental, Radiological, Pharmaceutical and Laboratory Services.
- Psychiatric consultations under the Mental Health Program.

The Unit also has a Special Pre-Medical Studies Program to help native students attain the scholastic requirements for admission to Medical School at the University of Manitoba. This program provides for the enrolment of ten native native students annually, and the first candidates competed for admission in 1980.

Plans are presently underway to contract a Resident Physician for Rankin Inlet who will also provide a visiting service for Chesterfield Inlet and Whale Cove.

REPORTED IMMUNIZATION STATUS 1980

INDIAN

MIDYEAR POPULATION	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT *223	B.C.G	85.2%	
	D.P.T.	61.0%	31.8%
	SABIN-POLIO	59.6%	31.8%
	LIRUGEN	37.7%	
	OTHER		
PRE-SCHOOL *695	B.C.G.	95.5%	
	D.P.T.	87.2%	11.9%
	SABIN	87.3%	11.7%
	LIRUGEN	20.3%	
	RUBELLA	0	
	M.M.R.	84.0%	
	RUBEOLA	0	
SCHOOL-AGE *2130	B.C.G.	85.6%	
	D.T.	95.3%	5.6%
	LIRUGEN	82.5%	
	RUBELLA	80.3%	
	SABIN-POLIO	96.3%	4.4%
	MUMPS	37.0%	
	D.P.T.	4.5%	
	RUBFOLA	0	
M.M.R.	26.0%		

A M E N D M E N T

IMMUNIZATION STATISTICS

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Due to late reporting of northern communities, the above represents confirmed immunization status in the Northwest Territories 1980.

REPORTED IMMUNIZATION STATUS 1980

INUIT

MIDYEAR POPULATION	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT	B.C.G.	91.3%	
	D.P.T.	86.4%	14.8%
	SABIN-POLIO	85.0%	14.5%
	LIRUGEN	57.0%	
	OTHER	0	
PRE-SCHOOL	B.C.G.	97.0%	
	D.P.T.	90.4%	9.1%
	SABIN	90.2%	9.1%
	LIRUGEN	15.8%	
	RUBELLA	0	
	M.M.R.	94.5%	
	RUBEOLA	0	
SCHOOL-AGE	B.C.G.	91.5%	
	D.T.	91.0%	5.2%
	LIRUGEN	82.0%	
	RUBELLA	81.4%	
	SABIN-POLIO	90.9%	5.4%
	MUMPS	42.7%	
	D.P.T.	0	
	RUBFOLA	1.5%	
	M.M.R.	10.8%	

A M E N D M E N T

IMMUNIZATION STATISTICS

PAGE 52

Due to late reporting of northern communities, the above represents confirmed immunization status in the Northwest Territories 1980.

REPORTED IMMUNIZATION STATUS 1980

OTHER

MIDYEAR POPULATION	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT	B.C.G.	86.7%	
	D.P.T.	85.2%	13.0%
	SABIN-POLIO	56.3%	11.6%
	LIRUGEN	65.5%	
	OTHER	0	
PRE-SCHOOL	B.C.G.	63.3%	
	D.P.T.	85.6%	12.0%
	SABIN	85.5%	15.4%
	LIRUGEN	35.0%	
	RUBELLA	0	
	M.M.R.	82.8%	
	RUBEOLA	0	
SCHOOL-AGE	B.C.G.	43.4%	
	D.T.	89.4%	12.9%
	LIRUGEN	75.6%	
	RUBELLA	63.7%	
	SABIN-POLIO	85.4%	13.5%
	MUMPS	23.6%	
	D.P.T.	0.1%	
	RUBFOLA	0.04%	
	M.M.R.	21.7%	

A M E N D M E N T

IMMUNIZATION STATISTICS

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Due to late reporting of northern communities, the above represents confirmed immunization status in the Northwest Territories 1980.