

TB still poses a problem in eastern N.C.

Though the overall incidence of tuberculosis (TB) has declined, it is still a lingering problem among older and non-white citizens in North Carolina, according to Howard Campbell, director of the Pasquotank-Perquimans-Camden-Chowan District Health Department.

The State Center for Health Statistics reports that in 1984 there were 756 cases in this state, compared to 1,066 in 1980. Of the 1984 cases, 537 occurred in people aged 45 and older, and 288, in people 65 and older, while males and non-whites each accounted for more than two-thirds of the cases.

Campbell said that the primary reasons for the lingering problem are because the initial signs of tuberculosis can be confused with some other

diseases, so it is not always diagnosed in the earlier stages; there is a relative lack of health care among older and non-white citizens; and it is difficult to be sure patients take their medication regularly, particularly if they are transients, such as migrant workers.

"Some of our patients have financial problems and lack of insurance and transportation needed for medical care," Campbell said. "The treatment for TB often takes nine months or more, so patients sometimes fail to take their medication properly or fail to return for medical checkups."

Tuberculosis is usually transmitted when a person with the disease coughs or sneezes germs into the air; these germs are then inhaled by another individual. This is more likely to occur in areas when people live

in close quarters and ventilation is poor.

The body's natural defenses often halt the growth of TB germs and the disease does not progress further during the rest of the person's life. However, the germs may come out of "hibernation" at some point causing the disease itself to appear. This may be triggered by the stress of other illnesses, physical or emotional hardships, or it may occur for no apparent reason.

A simple test called the tuberculin skin test can determine if a person is infected with the germ. The test is available at the offices of private physicians and the Perquimans Health Department.

He noted that in some areas of the country, tuberculosis has been a problem in long-term care facilities such as nursing homes. During calendar years 1983-84, more than 26,000 people lived in nursing and rest homes in North Carolina.

A total of 50 cases of tuberculosis among those residents was reported while 43 of the cases were among persons aged 65 and older.

Campbell said that a regulation passed by the N.C. Medical Care Commission is helping to better control the spread of tuberculosis in long-term care facilities.

"The regulation, which went into effect in May 1985, requires all staff and residents of nursing homes in this state to be screened for TB when they are admitted or start work, and then every year after that," Campbell said. "In long-term residential facilities, it's much easier to monitor the patients to be sure they're taking their medication regularly, whereas among the general population it's more difficult."

Campbell said that he would like to see tuberculosis eliminated, but unlike some other communicable diseases such as measles, there is no easy-to-take vaccine that will prevent the disease.

"We have to continually encourage patients to take their medication until they're cured," Campbell said. "Hopefully with persistence, time, and advancements in medical technology, we can wipe out tuberculosis."

Hospital blood bank accredited

The Blood Bank at Albemarle Hospital has been granted renewal of accreditation by the American Association of Blood Banks (AABB), according to Dr. Jerry Pickrel, Medical Director of Laboratory Services at Albemarle. This is the fourth consecutive year for the accreditation of the facility.

Accreditation follows an intensive on-site inspection by specially trained representatives of the Association and establishes that the level of medical, technical and administration performance within the facility meets or exceeds the rigorous standards set by the AABB. By successfully meeting those requirements, Albemarle Hospital's Blood Banks joins more than 2,200 similar facilities across the country and abroad that have earned the Accreditation rating and recognition.

Dr. Pickrel said, "The AABB's inspection and accreditation procedures are voluntary. It is not legally necessary for a blood bank or transfusion service to be accredited, but like many others, our facility has sought accreditation because it represents a level of professional and medical expertise that meets and exceeds government regulations. The primary goal of the program is to assist facilities like ours to achieve excellence, and thus provide higher quality blood, blood components and other services to patients."

The "Standards for Blood Bank and Transfusion Services" are written by experts in the field, composing the AABB Com-

mittee on Standards. The AABB National Committee on Inspection and Accreditation assures compliance before granting accreditation.

Not only do these standards set the level of professional proficiency for blood banks and transfusion services in the United States, but they provide the basis practice for similar facilities around the world.

Founded in 1947, the AABB is the only national organization in the United States devoted exclusively to blood banking and blood transfusion services. Its membership of scientists, physicians, nurses, medical technologists and administrators is engaged in all aspects of the field.

Other programs and services offered by the AABB include the national clearinhouse, a mechanism allowing donors to replace blood for friends, or relatives living anywhere in the country; the rare donor file; frozen blood deposits; continuing education programs, reference laboratories for information exchange and consultation; a voluntary hepatitis detection-testing program; public professional information services and professional publications.

Albemarle Hospital's Blood Bank has belonged to the organization for four years. Other marks of excellence are held by Albemarle's Laboratory, including Accreditation by the American College of Pathologists. The Laboratory employs 34 people. Twelve of those are Blood Bank personnel.

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IMPORTANT NOTICE
To All Residents Of The
TOWN OF HERTFORD

1986 TOWN TAGS AND STICKERS (new this year) ARE ON SALE AS OF JANUARY 3, 1986 AT THE HERTFORD TOWN OFFICE.

Residents are required to purchase a tag or sticker for each vehicle owned. **1986 TAGS OR STICKERS** must be purchased and displayed no later than February 15, 1986.

COST OF TAGS OR STICKERS—\$5.00

JANUARY MARKDOWNS

25% - 40% Off All Winter Separates

DRESSES 25% To 40% Off

COATS 1/3 Off

SUITS 25% Off

Blouses And Sweaters 1/4 Off

WARM, GOWNS & ROBES 25% Off

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Sale prices do not apply to Christmas exchanges. January 15, 1986 is the final date for Christmas exchanges. There will be an extra charge for alterations of sale items.

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NOTICE

All property subject to Ad Valorem Taxation shall be listed annually as prescribed by law.

The regular listing period will begin on Thursday January 2, 1986 and end on Friday January 31, 1986.

List during the regular listing period and save ten per cent penalty.

Belvidere Township Marie Byrum, List Taker Belvidere Community Building		Hertford Township Oras Winslow, List Taker Courthouse, Hertford	
Bethel Township Mrs. Charles Ward, List Taker C.R. Ward's Store		Parkville Township Anna Newburn, List Taker Winfall Community Building	

Dates & Times for these Townships are:

Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
			2 8:30-5:00	3 8:30-5:00	4 8:30-1:00
		8 8:30-5:00	9 8:30-5:00	10 8:30-5:00	11 8:30-1:00
		15 8:30-5:00	16 8:30-5:00	17 8:30-5:00	18 8:30-1:00
		22 8:30-5:00	23 8:30-5:00	24 8:30-5:00	25 8:30-1:00
27 8:30-5:00	28 8:30-5:00	29 8:30-5:00	30 8:30-5:00	31 8:30-5:00	

NEW HOPE TOWNSHIP
Melvin Eure, List Taker
Durants Neck Fire Dept. (DNFD)
Inter-County Fire Dept. (ICFD)

NOTE: Listing at 2 places.

DATES AND TIMES FOR THE NEW HOPE TOWNSHIP ARE:

January

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
			2 DNFD 8:30-5:00	3 DNFD 8:30-5:00	4 DNFD 8:30-5:00
		8 DNFD 8:30-5:00	9 DNFD 8:30-5:00	10 DNFD 8:30-5:00	11 DNFD 8:30-5:00
		15 DNFD 8:30-5:00	16 DNFD 8:30-5:00	17 ICFD 8:30-5:00	18 ICFD 8:30-5:00
		22 ICFD 8:30-5:00	23 ICFD 8:30-5:00	24 ICFD 8:30-5:00	25 ICFD 8:30-5:00
		29 ICFD 4:30-9:30	30 ICFD 4:30-9:30	31 ICFD 4:30-9:30	

NORTH CAROLINA G.S. 105-308
DUTY TO LIST: PENALTY FOR FAILURE

Every person in whose name any property is to be listed under the terms of this sub-chapter shall list the property with the tax supervisor or proper list taker within the time allowed by law on an abstract setting forth the information required by this sub-chapter.

In addition to all other penalties prescribed by law, any person whose duty it is to list any property who willfully fails or refuses to list the same within the time prescribed by law shall be guilty of a misdemeanor punishable by a fine not to exceed five hundred dollars (\$500.00) or imprisonment not to exceed six months. The failure to list shall be prima facie evidence that the failure was willful.

Any person who removes or conceals property for the purpose of evading taxation or who aides or abets the removal or concealment of property for the purpose of evading taxation shall be guilty of a misdemeanor punishable by a fine not to exceed five hundred dollars (\$500.00) or imprisonment not to exceed six months.

PROPERTY TAX RELIEF FOR ELDERLY AND PERMANENTLY DISABLED PERSONS

G.S. 105-277.1 excludes from property taxes the first ten thousand dollars (\$10,000) in assessed value of certain property owned by North Carolina residents aged 65 or older or totally and permanently disabled who disposable income does not exceed ten thousand dollars (\$10,000). The exclusion covers real property occupied by the owner as his or her permanent residence and/or household personal property used by the owner in connection with his or her permanent residence. Disposable income includes all moneys received other than gifts or inheritances receive from a spouse, lineal ancestors, or lineal descendants.

KEITH W. HASKETT
Perquimans County Tax Supervisor