## Pandemics in Chinnor

Before the advent of antibiotics and sanitary reforms in the 19 century infectious illnesses whether local outbreaks, epidemics or pandemics, were a very real threat to life. Although antibiotics are not effective against viruses they are effective in addressing any superseding bacterial infections.

Since available records for Chinnor, starting in 1622, there have been numerous outbreaks of infections although it is not possible to assign an increase in burials to a reported outbreak but given the links between Chinnor, Oxford Wycombe and Thame transmission of infection would have been easy.

Chinnor, along with many rural communities, would have been affected by a national epidemic such as smallpox or diphtheria and pandemics such as bubonic plague and influenza. With the exception of small pox and plague, it was not always possible to assign a cause of death to an individual and some conditions such as the sweating sickness, predominant during 14th and 15th century, have never had a definitive diagnosis, and appear to have died out.

Different infections peak in each of the four seasons but for each pathogen, the timing and characteristic of the annual outbreak are generally consistent from year to year; however, they could be altered slightly by climatic variations. Winter brought influenza, pneumonia and the rotavirus, whilst diphtheria peaked in autumn leaching into November and December with scarlet fever, also a disease of the autumn and winter months, rising in September peaking in October and decreasing in December. Spring brought measles and German measles along with their complications of pneumonia and encephalitis. Measles was, and still is, a very serious viral disease which peaks during March, April and May, whilst the summer months produced polio and the entero viruses such as typhoid, cholera and diarrhoea, the later being the most common cause of death in children under five years.

An examination of Chinnor burial records cross matched with known out breaks gives the potential to identify the possible cause and effect. See also appendix infectious diseases in Chinnor 1900-1948

The most potent candidates were influenza, plague, smallpox and diphtheria.

A surge in the burial records might indicate a possible surge in infections.

## Smallpox

Smallpox was the most widespread fatal disease during the eighteenth century, caused by the Variola virus and is highly contagious which means it spread from person to person . Smallpox was reported in Oxford 1649 and 1654. It was the most widespread and fatal disease occurring in 18th century Britain with outbreaks in 1722-23 1740-42. In 1802, 5 burials in Chinnor were attributed to smallpox. Smallpox was endemic throughout the 1840-1870. The years 1903-5 saw the last

outbreak in the country and in 1902 small pox was recorded in Oxford a further outbreak occurred in in 1903 when 3 children from Crowell were excluded from school as they had been exposed to infection. Further families became infected during the following few days leading to the closure of the school in Chinnor.

**Diphtheria**

Is an acute bacterial infection caused by Corynebacterium diphtheriae, transmitted by droplet infection, and peaks in the autumn leaching into November and December

1856-9 there was a national outbreak of diphtheria and it was recorded in Thame in 1858 The 10 burials recorded in Chinnor during January 1858 were all infants or children. Two were from Winnall, Ellen East age $2^{1/2}$ and Sarah age 9 months d. George and Ellen. The oldest was James Eustace age 7 from Henton s. Frederick and Hester Baptised 4 January and noted as 'since dead'. from Hempton. The youngest was Frederic Currier age 6 weeks s. George and Alice, annotated 'since dead'' Louisa Rogers 5 months d. James and Louisa. .Charles Britnell 1 year 11 months, s. Jesse and Alice.

While it is not recorded that these were caused by diphtheria, there is a correlation with the out brake and this figure is unprecedented in the records.

Unidentified out break In the spring of 1830 a number of deaths were recorded from Henton suggesting an infectious outbreak, five were from the same family, as well as Rogers and John and Martha Cadell. No identifiable cause was recorded.

Of these infections, the one which caused the most fear, political and social havoc was plague.

**Bubonic plague**

Caused by Yersinia Pestis and spread by fleas.

When the first cases were reported in 1665 the authorities tried to conceal the out break and the terror that the disease engendered caused the rich to flee the cities for their country estates. Music houses, theatres and shops were closed and mass gatherings forbidden. Masks and physical distancing were advocated. The outbreak was attributed to a range of causes, mystical or celestial events and gave rise to sham and dubious treatments and medicines none of which were in any way efficacious. Between 1665-66 there is no discernible increase in the number of burials in Chinnor being 11 and 6 respectively within the decade 1664-1674 the highest being in 1674 with 19 burial the population at tis time was approximately 800.

1665-6 Bubonic plague however according to Chinnor burial records there does not seem to be any marked increase in burials during the plague year.

## Influenza

Caused by influenza viruses and spread by droplet infection. Outbreaks of influenza were and still are an annual event 1857-9 flu epidemic/ pandemic 1889.and although there were no marked increase in burials recorded during the pandemic 1918-1920 However, the death rate for 1922 did mirror the national death rate for influenza in Chinnor which, in 1922, was 563 per million. 1922 was the highest death rate since the Spanish flu of 1919 and subsequent years, until 1927, when there were 21 deaths in Chinnor.[1] Influenza was a perennial threat although the burial rate in Chinnor for the 1918- 1920 Spanish flue pandemic was average.

## COVID-19

The Covid-19 pandemic which influenced public life in Chinnor for 2 years from January 2020 to July 2021

Stages of the pandemic

Ist wave February 2020 – June 2020

Second wave August 21-October 19 2020

3rd wave May st – July 29 2021

First noticed December 2019 when news of a new SARS like diseased was noted in China notified the WHO on 1st January 2020 of the emergence f a new flu like illness in Wuhan. On the second of January WHO began to spread the word and by the end of January the first uk cases confirmed. 30 January World Health Organisation (WHO) issued its highest category of international alert 'a situation which is serious, unusual or unexpected and carries implications for public health beyond the affected state's international border and may require immediate international action'.

The covid virus first appeared on the health radar at the end of 2019 and by the end of January 2020 the first two cases in the UK were confirmed. By the 25th February government guidance was that travellers from Iran and South Korea should self isolate at home or their destination even if they have no symptoms. By the 27th February the numbers of confirmed cases was 16.

In March the WHO declared the Covid-19 a pandemic and the government called its first Cabinet Office briefing room A (COBRA) meeting to plan its response as case numbers rose to 36. By March 5th the first fatality was recorded and by the 14th the number of confirmed cases was 1,140 with 21 deaths. By the 15th March travel restrictions were put in place starting with Spain and the USA with residents over the age of 70 were told to isolate 'for a very long time'. 16th March people were encouraged to work from hoe and only essential travel and a ban on large gatherings. The 20th march brought a curfew for clubs and restaurants and panic buying of essential items was noted.

The 26th of March brought the first lockdown restrictions which included gyms, libraries were closed and police given powers of enforcement.

The 29th March saw a letter sent to all households with the government warning that the situation would get worse before it gets better and suggested that it would be some 6 months before getting back to normal.

The 31st March brought the highest daily death toll to 381 deaths with 10, cases in hospital

2nd April test and trace started. April 6th daily death toll 5,000. Throughout April a shortage of PPE continues 23 April vaccine trials began in Oxford April 29th schools start to reopen.

Lockdown instigated March 23rd 2020 social distancing and masks required. Easing started June 1 face covering mandatory 15 June

The likelihood of a pandemic resulting in large scale casualties and causing major social disruption had been indicated by the World Health Organisation on a, not if but when, basis. In anticipation of this the Chinnor Influenza Pandemic and General Emergency Contingency Plan was formulated.

Chinnor instigated its emergency plan which was originally written in the light of the swine flu pandemic 2009-210 and its aim was to provide the village with a workable and flexible plan to be implemented in the event of a major disaster or disease outbreak. It was acknowledged that it would be impossible to predict the full impact of a pandemic on the village. Its objectives were:

## Interim Evaluation of Chinnor Emergency Plan in Response to Covid-19, 18th June 2020.

Key features which affected the implementation of the emergency plan in relation to Covid-19.

The plan was created with the assumption that the pandemic would be a variant of a common influenza virus, however, the actual virus was a novel virus named Covid-19 with a more virulent action than had been experienced since the Spanish flu pandemic, 1918-1919.

Transmission of Covid-19 was rapid and the mortality rate turned out to be significantly higher than that of influenza.

This resulted on March 23rd in the Government imposing an unprecedented lockdown of the country to try and reduce the spread and this action affected the emergency plan.

**Chinnor Parish Council**

Further advances in technology ie zoom and meeting room allowed the council business to continue with clerks working from home rather than in the Parish office and interacting with the public. The Parish office was opened on two occasions to

facilitate purchase of refuse bags and the distribution of lockdown magazines. This was conducted in line with Government directions regarding social distancing.

**Schools**

Due to the lockdown schools were closed and their designated role in the emergency plan was cancelled.

**Fuel Supplies**

To date there has been no disruption to fuel supplies.

**Emergency catering**

Due to the lockdown previously identified sources of cooked meals from the Village Centre, Village Hall, Reading Room and St. Andrew's hall were not available. These facilities were spontaneously replaced by local restaurants and businesses providing a take away or home delivery service operated by staff or volunteers.

**Transport**

No problems with local transport were identified.

**Childcare**

Due to the lockdown, normal childcare arrangements were not available and residents had to rely on family as appropriate. In the earlier regulations for lockdown, childcare was primarily provided by parents or grandparents under 70 with no underlying medical conditions.

**Animal care.**

Under lockdown rules dogs could be walked. GNS received 8 requests in March, 8 in April and 9 in May.

**Vulnerable residents**

A number of vulnerable residents were already known to the churches and special groups attending the Village Centre. In addition, Oxfordshire County Council and Oxfordshire District council notified the Parish clerks of residents who had been identified and notified by the NHS as being vulnerable. Unfortunately, due to data protection, the clerks were not able to access this information until notified.

Key to the success of the plan were the volunteers in particular Street Friends and the Good Neighbour Scheme. The role of the street friends was the same as in the original plan and more residents volunteered their services under the scheme. The Good Neighbour scheme continued its normal role. The procedure for accessing help previously designed to protect the privacy of the Street Friend was amended spontaneously by volunteers who gave residents their own contact details thus by

passing the GNS co-ordinator. Primarily SF and GNS volunteers did shopping, collect prescription and generally ensured that the vulnerable neighbours received any assistance necessary. The following chart indicates the level of volunteer involvement within the village.

Street Friends (SF) (March - May 2020), Good Neighbour Scheme (GNS),

| | March | April | May |
|---|---|---|---|
| SF | 114 | | |
| Pharmacy collection | 6 | 105 | 40 |
| Essential groceries | 189 | | |
| Keeping in touch | 36 | 4 | 1 |
| Post office | 27 | | |
| Getting a car started | | | 1 |
| Transport including shopping | 53 | 17 | 4 |

**Location**

Due to the pandemic and Government rules the Pavilion and VC were closed and did not serve as originally designated a communications hub. SF and GNS were organised via the Council clerks and organised themselves into a WhatsApp group which was very successful and efficient.

**Care of staff and volunteers and residents during and after the Pandemic.**

Primary spiritual care rests with the local churches who have adapted and used modern technology to contact and sustain their parishioners. Church services are being held and broadcast from the clergy's homes.
Staff and volunteers may be psychologically and spiritually affected by events of the pandemic which will be outside the normal range of experience of many of the people involved. Follow up support and psychological debriefing may be necessary.

**Fiona Mantle**
**Chairman Chinnor Emergency Plan Committee**

Many residents shared their experiences of the pandemic and these are recorded on the Chinnor Heritage website. A number of themes could be identified during 2020 during the initial lockdown these included: separation from family, how they coped compared with other disasters, and many reported loss of confidence and anxiety.

NB: See also births and deaths Chinnor for more detail for further information