OFFICIAL RECORDS
OF THE
WORLD HEALTH ORGANIZATION
No. 72

PROCEEDINGS AND REPORTS
RELATING TO
INTERNATIONAL QUARANTINE

Supplement to Official Records No. 71: Ninth World Health Assembly

THIRD ANNUAL REPORT OF THE DIRECTOR-GENERAL
ON THE INTERNATIONAL SANITARY REGULATIONS

THIRD REPORT OF THE COMMITTEE ON INTERNATIONAL QUARANTINE

RELEVANT PROCEEDINGS OF THE NINTH WORLD HEALTH ASSEMBLY (MAY 1956)

WORLD HEALTH ORGANIZATION
PALAIS DES NATIONS
GENEVA

October 1956
ABBREVIATIONS

The following abbreviations are used in the *Official Records of the World Health Organization*:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Name</th>
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<tr>
<td>ACC</td>
<td>Administrative Committee on Co-ordination</td>
</tr>
<tr>
<td>CIOMS</td>
<td>Council for International Organizations of Medical Sciences</td>
</tr>
<tr>
<td>ECAFE</td>
<td>Economic Commission for Asia and the Far East</td>
</tr>
<tr>
<td>ECE</td>
<td>Economic Commission for Europe</td>
</tr>
<tr>
<td>ECLA</td>
<td>Economic Commission for Latin America</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
</tr>
<tr>
<td>ICAO</td>
<td>International Civil Aviation Organization</td>
</tr>
<tr>
<td>ICITO</td>
<td>Interim Commission of the International Trade Organization</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organisation (Office)</td>
</tr>
<tr>
<td>ITU</td>
<td>International Telecommunication Union</td>
</tr>
<tr>
<td>OIHP</td>
<td>Office International d’Hygiène Publique</td>
</tr>
<tr>
<td>PASB</td>
<td>Pan American Sanitary Bureau</td>
</tr>
<tr>
<td>PASO</td>
<td>Pan American Sanitary Organization</td>
</tr>
<tr>
<td>TAB</td>
<td>Technical Assistance Board</td>
</tr>
<tr>
<td>TAC</td>
<td>Technical Assistance Committee</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>UNKRA</td>
<td>United Nations Korean Reconstruction Agency</td>
</tr>
<tr>
<td>UNRWA</td>
<td>United Nations Relief and Works Agency for Palestine Refugees in the Near East</td>
</tr>
<tr>
<td>UNTAA</td>
<td>United Nations Technical Assistance Administration</td>
</tr>
<tr>
<td>WFUNA</td>
<td>World Federation of United Nations Associations</td>
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<td>WMO</td>
<td>World Meteorological Organization</td>
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THIRD ANNUAL REPORT OF THE DIRECTOR-GENERAL
ON THE WORKING OF THE INTERNATIONAL SANITARY REGULATIONS
1 July 1954 to 30 June 1955

[WHO/IQ/26 and Add. 1 — 1 Dec. 1955 and 6 March 1956]

INTRODUCTION

1. This report is prepared in accordance with the provisions of Article 13, paragraph 2, of the International Sanitary Regulations. It is the third in the series dealing with the functioning of the Regulations and their effect on international traffic.

2. The first report covered the nine-month period from 1 October 1952, when the Regulations entered into force, until 30 June 1953. The second report dealt with the period from 1 July 1953 until 30 June 1954. The reports covered the application of the Regulations from three aspects: as seen by the Organization, in its administrative role of applying the Regulations; as reported by Member States which, in accordance with Article 62 of the Constitution of the Organization and Article 13, paragraph 1, of the Regulations, annually forward information concerning the occurrence of any case of a quarantinable disease due to or carried by international traffic, as well as on the action taken under the Regulations or bearing upon their application; and, finally, as reported by other organizations and associations directly concerned with the application of the Regulations and their effects on international traffic.

In addition, the first report contained a historical summary explaining the conditions under which the Regulations had been established, the requirements under the Constitution and the procedures that had been followed to bring about their entry-into-force, as well as the measures that had been taken by the Organization to reduce to a minimum the difficulties arising from their application.

3. This report follows the same general lines as its predecessors. It discusses the difficulties encountered and the problems raised by the application of the Regulations during the twelve months under review. Although the information supplied by the governments refers to the period from 1 July 1954 to 30 June 1955, certain matters that arose subsequently are also reported, for the information and possibly the opinion of the Committee on International Quarantine. It will be seen that, although the Regulations have been in force for three years, the questions raised and the points of detail calling for clarification are still quite numerous.

4. Moreover, for the first time, the Health Assembly adopted, on 26 May 1955, Additional Regulations amending a number of provisions of the Regulations, in particular those concerning yellow fever. These amendments, which will apply as from 1 October 1956, are reproduced in the report (see pages to 7).

5. Other matters, by reason either of their importance or of the procedure leading to their study, have been the subject of special documents, prepared independently of this report. They are nevertheless briefly mentioned in the report.

APPLICATION AND WORKING OF THE REGULATIONS

1. WORKING OF THE REGULATIONS AS SEEN BY THE ORGANIZATION

6. The problems and difficulties encountered by Member States and the Organization during the second year of application of the International Sanitary Regulations were mentioned by the Director-General in his second annual report, which was considered by the Committee on International Quarantine during its second session, held in Geneva from 25 October to 2 November 1954. The Seventh
World Health Assembly decided, in May 1954, to refer the International Sanitary Regulations to the Committee on International Quarantine with a view to a revision of the yellow-fever provisions of these Regulations, and four experts on yellow fever were attached to the Committee for the discussions on this point.

The opinions and recommendations formulated by the Committee were transmitted by the Executive Board to the Eighth World Health Assembly.

At the request of the Executive Board a special sub-committee was established by the Committee on Programme and Budget of the Eighth World Health Assembly for the study of quarantine problems. The report drawn up was adopted, with slight changes, by the Health Assembly on 26 May 1955. The proceedings, decisions and reports relating to international quarantine at the Eighth World Health Assembly are published in *Official Records* No. 64.

7. The decisions taken by the Health Assembly on points raised by Member States and by the Director-General in his second report are summarized in the following pages. Like that published in 1955, this information constitutes a useful guide for health administrations and authorities; a careful study of this part of the report will enable them to make sure that their quarantine practice is in conformity with the decisions and interpretations of the Health Assembly.

The decisions taken by the Eighth World Health Assembly, as a result of its consideration, according to the procedure indicated above, of the second report of the Committee on International Quarantine and of new proposals put forward by some delegations of Member States, were as follows:

**Decisions of the Eighth World Health Assembly on Quarantine Matters**

I. **Definitions**

The definition of "*Aedes aegypti index*" shall be amended as follows:

"*Aedes aegypti index*" means the ratio, expressed as a percentage, between the number of houses in a limited well-defined area on the premises of which actual breeding places of *Aedes aegypti* are found, and the total number of houses examined in that area.

In establishing the index, a sufficiently large number of houses should be examined so as to serve as an adequate basis for the calculation. What is an adequate sample shall be defined by the Committee on International Quarantine, unless it adopts in this connexion the instructions given in the *Guide for the Preparation of Reports on the Aedes aegypti Eradication Campaign in the Americas* according to which, in determining the *Aedes aegypti* index, at least every third house should be examined in an urban zone where the houses are contiguous, every second house where the houses are separated by less than twenty-five yards, and all houses where the space between them is twenty-five yards or more.

The question of the length of the interval between the visits to be carried out in order to establish the index is also referred to the Quarantine Committee.

The definition of "*epidemic*" shall be amended as follows:

"*Epidemic*" means an extension of a quarantinable disease by a multiplication of cases in a local area.

The definition of "*first case*" shall be amended as follows:

The definition of "*foyer*" shall be deleted.

The definition of "*imported case*" shall apply only to a case introduced into a territory from outside that territory, and not to a case notified in one local area but coming from another local area in the same territory. Such cases, discovered or treated in one local area but originating in another local area of the same territory, should be described in the epidemiological reports as "originating in a local area (to be specified) within the territory"; some other designation, avoiding the use of the word "*imported*", should be employed for such cases when the source of infection is not known.

The definition of "*infected local area*" shall be amended in the following manner:

"*Infected local area*" means:

(a) a local area where there is a non-imported case of plague, cholera, yellow fever or smallpox; or

(b) a local area where plague infection among rodents exists on land or on craft which are part of the equipment of the port; or

(c) a local area where activity of yellow-fever virus is found in vertebrates other than man; or

(d) a local area where there is an epidemic of typhus or relapsing fever.

The definition of "*yellow-fever endemic zone*" shall be amended as follows:

"*Yellow-fever endemic zone*" means an area in which the virus of yellow fever does not exist, but where the presence of *Aedes aegypti* or any other domiciliary or peri-domiciliary vector of yellow fever would permit its development if introduced.

II. **Notifications and Epidemiological Information**

Article 3 shall be amended as follows:

1. Each health administration shall notify the Organization by telegram within twenty-four hours of its being informed that a local area has become an infected local area.

2. The existence of the disease so notified on the establishment of a reasonably certain clinical diagnosis shall be confirmed as soon as possible by laboratory methods, as far as resources permit, and the result shall be sent immediately to the Organization by telegram.

---

1 The following criteria are to be used in determining activity of the virus in vertebrates other than man:

(i) the discovery of the specific lesions of yellow fever in the liver of vertebrates indigenous to the area, and

(ii) the isolation of yellow-fever virus from any indigenous vertebrates.
Thus suspected cases should be reported to the Organization with the minimum delay, without awaiting confirmation of diagnosis by laboratory methods. Such confirmation should be made as soon as possible, but should not cause delay in making the original notification. However, it is understood that the health administration concerned will not decide to notify a case of quarantinable disease unless sound clinical evidence exists.

Article 6 shall be amended as follows:
1. The health administration of a territory in which an infected local area is situated shall notify the Organization when that local area is free from infection.
2. An infected local area may be considered as free from infection when all measures of prophylaxis have been taken and maintained to prevent the recurrence of the disease or its spread to other areas, and when
   (a) in the case of plague, cholera, smallpox, typhus, or relapsing fever, a period of time equal to twice the incubation period of the disease, as hereinafter provided, has elapsed since the last case identified has died, recovered or been isolated, and infection from that disease has not occurred in any other local area in the vicinity, provided that, in the case of plague with rodent plague also present, the period specified under sub-paragraph (c) of this paragraph has elapsed;
   (b) (i) in the case of yellow fever not transmitted by Aëdes aegypti, three months have elapsed without evidence of activity of yellow-fever virus;
      (ii) in the case of yellow fever transmitted by Aëdes aegypti, three months have elapsed since the occurrence of the last human case, or one month since that occurrence if the Aëdes aegypti index has been continuously maintained below one per cent.;
   (c) in the case of rodent plague, one month has elapsed after suppression of the epizootic.

Article 7 (concerning notification to the Organization of evidence of the presence of the virus of yellow fever in any part of a territory where it has not previously been recognized) shall be submitted to the Committee on International Quarantine for review in the light of the Additional Regulations adopted by the Eighth World Health Assembly and of the discussions which took place at that Assembly.

III. SANITARY ORGANIZATION

Article 14 (French text only) shall be amended as follows:
1. Dans toute la mesure du possible, les administrations sanitaires font en sorte que les ports et les aéroports de leur territoire soient pourvus d’une organisation et d’un outillage suffisants pour permettre l’application des mesures prévues au présent Règlement.
2. Tout port ou aéroport doit être pourvu d’un service d’eau potable.
3. Tout aéroport doit disposer d’un système efficace pour évacuer et rendre inoffensives les matières fécales, les ordures ménagères, les eaux usées ainsi que les débris alimentaires et autres matières reconnues dangereuses pour la santé publique.

Article 20 shall be amended as follows:
1. Every port and the area within the perimeter of every airport shall be kept free from Aëdes aegypti in its larval and adult stages.
2. Any building within a direct transit area provided at any airport situated in or adjacent to a yellow-fever infected local area, or in a yellow-fever receptive area, shall be kept mosquito-proof.
3. For purposes of this Article, the perimeter of an airport means a line enclosing the area containing the airport buildings and any land or water used or intended to be used for the parking of aircraft.

The area in and around a port 1 which should be kept free from Aëdes aegypti in its larval and adult stages depends on local conditions. In some cases a comparatively narrow band around the water line would be sufficient to protect the port, and in others a quite extensive area, including adjoining creeks and similar places in the vicinity of the port, should be cleared of any vectors.

As regards airports, while it may be unnecessary to clear the full length of runways from A. aegypti, a quite extensive area of runways adjacent to the airport buildings should be cleared of this mosquito.

Although the runways and landing fields of an airport are not necessarily included in the perimeter, they may be so included, wholly or in part, if local conditions call for this.

IV. SANITARY MEASURES AND PROCEDURE

The question of which articles and parts of the Regulations are not limited in their application to the six quarantinable diseases will not be solved until a general study of the problem, and in particular, of its legal aspects, has been made.

Article 38 shall not call for the compulsory removal of infected persons in ports where adequate facilities for the reception of such persons are not available.

Article 42 shall be amended as follows:
An aircraft shall not be considered as having come from an infected local area if it has landed only in such an area at any sanitary airport which is not itself an infected local area.

Article 43 shall be amended as follows:
Any person on board a healthy aircraft which has landed in an infected local area, and the passengers and crew of which have complied with the conditions laid down in Article 34, shall not be considered as having come from such an area.

A recommendation by the Quarantine Committee to amend Article 44, paragraph 2, subparagraph (b) by replacing the words “Aëdes aegypti” by “and Aëdes aegypti” and “and Aëdes aegypti” by “and Aëdes aegypti” or any other vector of yellow fever has been found on board “, was not accepted by the Health Assembly.

V. PROVISIONS RELATING TO EACH OF THE QUARANTINABLE DISEASES

Plague

A previous decision was confirmed, according to which no measures should normally be taken against a local area which has been notified as infected with sylvatic plague unless the disease threatens international traffic.

In exceptional circumstances, a permit may be issued to a ship carrying only bottom cargo so as to enable it to reach its

1 The report of the Committee mentioned: “... of a port in a yellow-fever receptive area.” This restrictive provision no longer appears in Article 20 as amended by the Eighth World Health Assembly.
port of final discharge when the validity of its deratting or
deratting exemption certificate has expired or almost expired
and it is not possible to carry out a thorough inspection of
the ship. Such a permit does not prolong the validity of the
deratting or deratting exemption certificate and consequently
the health authority of a port of call retains the right to
excise its powers under Article 52, paragraph 4, should
it feel compelled to do so.

The Director-General was requested to continue the inquiry
among maritime countries, undertaken in 1954, on the extent
of infestation of ships by rodents, so as to determine for the
world as a whole the rodent population on board ships
carrying out international voyages.

Yellow Fever

Article 70 shall be amended as follows:

Each health administration shall notify the Organization
of the area or areas within its territory where the conditions
of a yellow-fever receptive area exist, and promptly report
any change in these conditions. The Organization shall
transmit this information to all health administrations.

Article 73 shall be amended as follows:
1. Every person employed at an airport situated in an
infected local area, and every member of the crew of an
aircraft using any such airport, shall be in possession of a
valid certificate of vaccination against yellow fever.
2. Every aircraft leaving an airport situated in an infected
local area and bound for a yellow-fever receptive area shall
be disinfected under the control of the health authority as
near as possible to the time of its departure, but in sufficient
time to avoid delaying such departure. The States concerned
may accept the disinsecting in flight of the parts of the
aircraft which can be so disinfected.
3. Every ship or aircraft leaving a port or airport where
Aëdes aegypti still exists, bound for a port or airport where
Aëdes aegypti has been eradicated, shall be similarly dis-
infected.

Article 75 shall be amended as follows:
1. A person coming from an infected local area who is
unable to produce a valid certificate of vaccination against
yellow fever and who is due to proceed on an international
voyage to an airport in a yellow-fever receptive area at
which the means for securing segregation provided for in
Article 34 do not yet exist, may, by arrangement between
the health administrations for the territories in which the
airports concerned are situated, be prevented from proceed-
ing from an airport at which such means are available,
during the period provided for in Article 74.
2. The health administrations concerned shall inform the
Organization of any such arrangement, and of its termina-
tion. The Organization shall immediately send this informa-
tion to all health administrations.

The recommendations of the Committee on International
Quarantine to amend Articles 72, 74, 76, 77, 78, 79 and 80
were not accepted by the Health Assembly.

Smallpox

Any government which so desires may require members
of the crews of ships or aircraft arriving in its territory from
a foreign country or territory to be provided with a certificate
of vaccination against smallpox, this measure, although not
compulsory, being permitted under the Regulations.

VI. SANITARY DOCUMENTS

Article 96 shall be amended as follows:
1. The master of a sea-going vessel making an interna-
tional voyage, before arrival at its first port of call in a
territory, shall ascertain the state of health on board, and
he shall, on arrival, complete and deliver to the health
authority for that port a Maritime Declaration of Health
which shall be countersigned by the ship's surgeon if one
is carried.
2. The master, and the ship's surgeon if one is carried,
shall supply any further information required by the health
authority as to health conditions on board during the
voyage.
3. A Maritime Declaration of Health shall conform with
the model specified in Appendix 5.

A previous decision, according to which only the pilot in
command of an aircraft is responsible for the application of
Article 97, paragraph 1, is confirmed. Any case of illness
found on board should be mentioned in the Aircraft General
Declaration by the pilot in command or his authorized agent,
the latter being preferably a member of the crew during
the flight.

VII. SANITARY CHARGES

It is not permissible for a physician carrying out the medical
inspection of a ship to exact a charge.

VIII. VARIOUS AND FINAL PROVISIONS

Article 104 shall be amended as follows:
1. Special arrangements may be concluded between two
or more States having certain interests in common owing
to their health, geographical, social or economic conditions,
in order to facilitate the application of these Regulations,
and in particular with regard to:
(a) the direct and rapid exchange of epidemiological
information between neighbouring territories;
(b) the sanitary measures to be applied to international
coastal traffic and to international traffic on inland
waterways, including lakes;
(c) the sanitary measures to be applied in contiguous
territories at their common frontier;
(d) the combination of two or more territories into one
territory for the purposes of any of the sanitary measures
to be applied in accordance with these Regulations;
(e) arrangements for carrying infected persons by
means of transport specially adapted for the purpose.

2. The arrangements referred to in paragraph 1 of this
Article shall not be in conflict with the provisions of these
Regulations.
3. States shall inform the Organization of any such
arrangement which they may conclude. The Organization
shall send immediately to all health administrations informa-
tion concerning any such arrangement.

The period allowed in accordance with Article 22 of the
Constitution of the Organization for rejecting or making
reservations to the Additional Regulations of 26 May 1955
is nine months, beginning 18 June 1955, on which date the
Director-General made known the adoption of the Additional
Regulations by the Health Assembly. Consequently this
time limit expires on 19 March 1956.
The Additional Regulations of 26 May 1955 will come into force on 1 October 1956. The following final provisions of the International Sanitary Regulations are applicable to these Additional Regulations: Article 106, paragraph 3; Article 107, paragraphs 1, 2 and 5; Article 108; Article 109, paragraph 2, subject to the replacement of the date given in Article 109 by 1 October 1956; Articles 110 to 113 inclusive.

IX. VACCINATION PROCEDURES AND INTERNATIONAL CERTIFICATES OF VACCINATION

There are no grounds for exempting infants, on account of age, from the requirement of a certificate of vaccination against smallpox.

The Director-General is requested to ask health administrations whether they intend to require vaccination against yellow fever and against cholera of children less than one year of age.

The dose of yellow-fever vaccine should be the same for infants as for adults.

While awaiting the results of long-term observations on the duration of immunity against yellow fever after vaccination, the validity of the certificate of vaccination against yellow fever should remain six years.

The rule in Appendix 2 of the Regulations (International Certificate of Vaccination or Revaccination against Cholera) which states that where two injections of cholera vaccine are required they should be given at an interval of seven days, should be interpreted somewhat liberally, to the extent that a certificate recording the second injection as given on the ninth or even the tenth day after the first injection should be regarded as valid. On the other hand, an interval of two months, for example, cannot be considered as complying with the rule laid down in the certificate.

Amendments proposed at the Eighth World Health Assembly to modify the form of presentation of the International Certificate of Vaccination or Revaccination against Smallpox (Appendix 4 of the Regulations) are referred to the Quarantine Committee for consideration, together with the question of the progressive loss of immunity following vaccination against smallpox, and the time for and degree of development of immunity following revaccination. The rules of Appendix 4 may lack a sound scientific basis, but they are satisfactory from the administrative point of view in avoiding delay to persons making an international voyage.

X. SANITARY CONTROL OF PILGRIM TRAFFIC AND STANDARDS OF HYGIENE ON PILGRIM SHIPS AND ON AIRCRAFT CARRYING PILGRIMS

Detailed and comprehensive arrangements are made by certain countries whose pilgrims make use of land transport. The conclusion of bilateral or multilateral arrangements between the countries concerned seems to be the best way of improving conditions of hygiene and sanitation in vehicles transporting pilgrims, as well as at stopping points and similar posts along the routes followed.

It should rest with each government to decide what form of documentation its pilgrims should carry.

The question of the vaccination of pilgrims against cholera will form the subject of a discussion in which all countries interested in the Pilgrimage will participate.

There are still insufficient data to justify the presentation of recommendations in favour of the international standardization of anticholera vaccines.

1 See Off. Rec. Wld Hlth Org. 64, 61, 65, and pp. 48 and 82 of this volume.

XI. OTHER MATTERS

Note was taken of an arrangement between the health administrations of Belgium, Federal Republic of Germany, France, Netherlands, and Switzerland according to which vessels engaged solely in internal navigation on the network formed by the Rhine, Meuse and Scheldt rivers are exempted from the obligation to produce deratting certificates or deratting exemption certificates on arrival in ports in their respective territories, situated on the said network. All necessary measures should be taken to ensure that the number of rodents on board these vessels remains negligible and the above arrangement will cease to operate if plague or rodent plague occurs in the territory of one of the States parties to the arrangement, under conditions implying a menace to inland navigation in that territory.

The nature and extent of the distribution of information submitted by governments in their annual reports on the application of the Regulations is left to the discretion of the Director-General.

At the end of the Ninth World Health Assembly, the Organization will publish a revised and up-to-date text of the International Sanitary Regulations, containing the amendments adopted by the Eighth World Health Assembly together with any reservations which may be made, as well as the interpretations and recommendations of the Quarantine Committee.

Review of the Period covered by the Report

8. During the period under consideration, the most important events (dealt with in detail in the preceding section of this report) were the second session of the Committee on International Quarantine, the examination of the Committee's report by the Eighth World Health Assembly, and the adoption by the Health Assembly, on 26 May 1955, of Additional Regulations amending a certain number of the provisions on the International Sanitary Regulations.

9. Although most health administrations took into account the recommendations of the Committee and the decisions of the Health Assembly relating to the questions and difficulties to which they had drawn attention during the first two years of application of the Regulations, some again submitted to the Organization questions which had already been discussed by the Committee and for which a solution had been indicated in previous reports.

10. During the first year a relatively large number of problems were encountered in the application of the International Sanitary Regulations. During the second and third years many of the former difficulties were avoided and it is now evident that, on the whole, the Regulations have made it possible to establish more or less general uniformity in sanitary measures, to speed up traffic and to reduce the requirements of the various countries in regard to quarantine documents.
11. Nevertheless, a number of problems have claimed the attention of the Director-General during the period under consideration. They are enumerated and submitted for the opinion of the Committee in the following section of this report, together with particulars relating to the application or non-application of the Regulations that it seemed advisable to bring to the notice of the Committee.

Part I—Definitions

12. On the subject of the definition of the term "local area", the question was raised whether it would not be desirable to restrict application of sub-paragraph (b) of this definition \(^1\) to sanitary airports. The paragraph in question reads as follows:

"Local area" means —

(a) .................................................................

(b) an airport in connexion with which a direct transit area has been established.

13. It has been found that there is a lack of uniformity in the manner in which the \(Aedes aegypti\) index is established in the various countries and territories.

The amendment introduced by the Eighth World Health Assembly into the definition of the \(Aedes aegypti\) index mentioned certain elements which should be taken into consideration in the determination of this index. It still remains to define the extent of the zone to be covered if a sample is to be sufficiently representative to serve as an adequate basis for the determination of the index. The Eighth World Health Assembly suggested that the Committee might adopt the instructions contained in the Guide for the Preparation of Reports on the \(Aedes aegypti\) Eradication Campaign in the Americas.\(^2\) As a basis for determination of the \(Aedes aegypti\) index, it provides for inspection of at least every third house in urban zones where houses are contiguous, every second house where the space between is less than twenty-five yards, and every house where the space between is twenty-five yards or more.

The Committee is asked to state whether the above-mentioned instructions are acceptable under the terms of the Regulations, or if it is preferable to recommend others.

The Committee is also requested to say what should be the interval between visits made in order to determine the index.

\(^1\) See Off. Rec. Wld Hlth Org. 56, 55, para. 48; and 64, 2, para. 11, 1.

\(^2\) PASB, Miscellaneous Publications, No. 8, January 1954

In this connexion, the Eighth World Health Assembly referred to the Committee on International Quarantine for study a document submitted by the delegation of Belgium which reads as follows:

During the discussion of the definition of \(Aedes aegypti\) index the Belgian delegation proposed that the definition should be supplemented by adding the word 'weekly' between 'and' and 'ratio' in the text proposed by the four delegations.\(^3\)

The Chairman of the Sub-Committee suggested that, in order to facilitate discussion, the extra word should not be inserted in the definition but should be mentioned in a footnote containing a comment on the definition for the use of the governments concerned.

As other delegations have also deemed it advisable to specify the intervals at which habitations and their immediate surroundings should be inspected for the establishment of the \(Aedes aegypti\) index, the Belgian delegation wished to express its intention more clearly by proposing a text which could be used by the authority responsible for establishing the note in question—an authority which might well be the Committee on International Quarantine.

All houses, buildings and similar structures should be inspected at an interval representing the time elapsing between the laying and the hatching out of the \(Aedes aegypti\) eggs. While this period may vary according to circumstances, it appears to be, as a rule, from seven to ten days.

Hence the inspections should be organized so that all the buildings involved are examined every seven or ten days, 36 to 52 inspections being made in the course of the year. Every seven or ten days a report on the \(Aedes aegypti\) index would be made for the corresponding period.

This procedure would of course also apply in cases where governments deem it advisable to examine all buildings in the localities or areas concerned, as well as in cases where inspection is limited to sample checks sufficiently numerous to provide representative and significant information on the locality or area in question.

Accordingly the Belgian delegation suggests that the footnote might read as follows, the choice between the intervals of seven or of ten days being left to the judgement of the Committee on International Quarantine:

"The report should be drawn up at the end of every week (or ten days), during which all the buildings subject to examination and inspection
for the establishment of the *Aedes aegypti* index should be examined.”

**Part II — Notifications and Epidemiological Information**

14. Although progress has been made during the year in regard to the sending of epidemiological reports by health administrations, the position is not yet entirely satisfactory.

The obligations with regard to notifications under Articles 3, 4, 5 and 9 of the Regulations are not fulfilled at all by some health administrations which, although bound by the Regulations, do not supply the information required regarding quarantinable diseases in their territories.

Some notifications of quarantinable diseases have reached the Organization only after a delay of about six months. These delays are sometimes due to internal political difficulties or to the lack of control of the central administration over certain distant or troubled regions of the national territory. There have been notifications of human plague with no mention of the presence or absence of rodent plague in the same localities.

No epidemiological information has been received from the inactive Members of the Organization, from continental China or from North Korea. Notifications concerning northern Viet Nam ceased to reach the Organization after the partition of the country. On the other hand, one territory (Brunei) which had never previously sent epidemiological reports, began to transmit them during the period in question.

For its part, the Organization has continued to improve its information service by the introduction of a number of measures intended mainly to accelerate the distribution of the epidemiological and other information received in accordance with the Regulations. One of the principal achievements of the year has been the replacement of the *Weekly Fasciculus* of the Singapore Epidemiological Intelligence Station by a short, concise, mimeographed bulletin. A similar improvement will soon be made in the Alexandria station bulletin.

An extension of the network for the transmission of radio-epidemiological bulletins is also envisaged.

The Map Supplement to the CODEPID, intended to assist health administrations in the identification of local areas declared to be infected or free from infection under the Regulations, and of the localities mentioned in epidemiological reports and bulletins, has been completed and distributed to the health authorities in possession of the Code.

15. With regard to the annual transmission to the Organization by Member States, as laid down in Article 13, paragraph 1, of information concerning the occurrence of any case of a quarantinable disease due to or carried by international traffic, as well as on the action taken under the Regulations or bearing upon their application, fifty-five reports have been received and they are reproduced or summarized in chapter 2 of this report.

16. During the year, epidemiological information concerning a country not sending information to the Organization came to the knowledge of the Director-General through another health administration which sends regular notifications in accordance with the Regulations. The question arises as to how far the Organization can make use of such indirect information.

17. According to Article 8 of the Regulations, health administrations are to notify the Organization concerning their requirements in connexion with the vaccination of persons making international voyages, and the measures they have decided to apply to arrivals from an infected local area. These particulars are published in an annual Supplement to the *Weekly Epidemiological Record*. It sometimes happens that administrations which have informed the Organization of their intention to apply the measures provided for in the Regulations to arrivals from an infected local area, again inform WHO that they have decided to apply these measures as from a certain date to travellers coming from a given infected port. The Director-General did not feel that it was necessary to publish the details of these measures each time in the *Record*, since they are in conformity with the International Sanitary Regulations, since they cease to be applied as soon as the local area again becomes free from infection, and since all health administrations are informed, through the annual Supplement to the *Record*, that, generally speaking, these measures may be applied by the country concerned to arrivals from an infected local area. On the other hand, the measures adopted by countries and territories not bound by the Regulations are always published, since there is no guarantee that the provisions of the Regulations will be applied.

**Part III — Sanitary Organization**

18. During the period under review, the Organization has fulfilled its obligations under Article 21, paragraph 3, of the Regulations by publishing, for the first time since the entry-into-force of the Regulations, and in the form of supplements to the *Weekly Epidemiological Record*, the following lists:
Ports approved and designated for the issue of
deratting and deratting exemption certificates;
Sanitary airports; 
Airports provided with direct transit areas. 

19. In the last report of the Director-General on
the working of the Regulations (1 July 1953 to
30 June 1954), it was stated that at the end of the
period then under review there was only one airport
(Stanleyville) provided with a direct transit area.
This notification was subsequently cancelled. 

During the period covered by the present report,
a number of health administrations have acted on
the recommendation in Article 18 of the Regulations,
reading "as soon as it is practicable, and where
it is necessary for the accommodation of direct
transit traffic, airports shall be provided with direct
transit areas". Up to 1 December 1955 the Organi-
ization had received notification of thirty-six airports
provided with a direct transit area.

However, it is not certain, in the absence of
recognized international standards, that all the
airports notified as being provided with a direct
transit area would effectively fulfil the functions
attributed to them according to the definition in
the Regulations.

20. A number of notifications of sanitary airports
have also been received under Article 21 of the
Regulations. This information has been published
by the Organization even though these sanitary
airports may not always be provided with all the
facilities stipulated in Article 19 of the Regulations.
This applies particularly to facilities for vaccination
against yellow fever, which in quite a number of
cases are not available in the area where a sanitary
airport is located.

21. It also seems probable that many of the ports
approved for the issue of deratting certificates have
not the appropriate personnel or equipment for
carrying out deratting operations except by obsolete
and not very effective methods.

22. Article 20 of the Regulations was, as mentioned
previously (see page 5), amended by the Eighth
World Health Assembly. The provision in para-
graph 3 (b) whereby every sanitary airport situated
in a yellow-fever endemic zone is to be kept free
from mosquitoes within a protective area extending
for a distance of 400 metres around the perimeter
of the airport is not included in the amended text
adopted.

The attention of the Organization has been drawn
to the fact that, although the new Article 20 applies
to all airports, and not only to sanitary airports
situated in a yellow-fever endemic zone or a yellow-
fever receptive area, there might be a slackening of
the measures for the control of mosquitoes if the
previously established 400 metres’ protective area
around the perimeter were not maintained. The
Committee should decide whether it is necessary to
restore the provision that was omitted, or whether
a general recommendation on the disinsecting of
airports should be made.

Part IV — Sanitary Measures and Procedure

23. In its second report the Committee on Interna-
tional Quarantine did not put forward any definite
recommendations regarding the applicability of
certain articles of the Regulations to other than
quarantinable diseases, but decided to postpone this
question to a later session. The opinion of the
Committee is again requested, since the matter
arises fairly often.

In this connexion the Committee’s attention is
drawn to a recommendation made at the end of the
seminar on the International Sanitary Regulations,
organized by the Pan American Sanitary Bureau
( WHO Regional Office for the Americas) and held
from 22 to 26 August 1955 at San José, Costa Rica.
The recommendation is as follows:

8. The Seminar recommended that, in view of
the malaria eradication campaign, the Organiza-
tion, through its Committee on International
Quarantine, study the possibility of the reintroduc-
tion of malaria in areas and countries where the
disease has been eradicated and measures necessary
to prevent such reintroduction of malaria.

24. In the course of the past year the Organization
has on several occasions received complaints con-
cerning the time-consuming sanitary measures and
formalities on departure and arrival of aircraft.
These complaints refer in particular to the disinsect-
ing of aircraft which, especially in certain airports
of countries which are receptive to yellow fever,
causes delays of some fifteen minutes. Most health
authorities do everything possible to carry out the
authorized measures as soon as an aircraft arrives.
There are others however which, in a legitimate desire
to protect their country against the importation of
disease vectors, appear to have a tendency to take
stricter or more lengthy measures than formerly.

The Expert Committee on Insecticides, in its sixth
report, examined the question of the utilization of
new methods for the disinsecting of aircraft in application of the Regulations. The observations and the recommendations put forward to the Committee on International Quarantine are given in a separate document.¹

It would be desirable to adopt simpler disinsecting methods which, while still being effective so that health authorities may have every confidence in them, would make it possible to reduce the time required for carrying out the sanitary measures provided for in the Regulations.

25. WHO's attention has been drawn to the fact that many travel agencies and most air transport companies continue to require presentation of vaccination certificates before issuing tickets to travellers, without taking into account the actual requirements of the countries of destination, or the information with regard to the epidemiological conditions in the airports of departure or transit. In most cases these requirements are excessive and contrary to the spirit of the International Sanitary Regulations. Nevertheless, it must be admitted that it is impossible to foresee in advance whether a port or airport of call not provided with a direct transit area and situated in a region which is frequently infected will still be free from infection at the moment when the traveller passes through.

It has also been reported to the Organization that the health authorities of a country which is free from quarantinable diseases requested passengers undertaking a long international voyage to present the international certificate of vaccination against smallpox before departure. When it was pointed out to the authorities that this measure seemed excessive, the reply was that they were acting in the interests of the passengers themselves, since a valid international certificate of vaccination against smallpox is required on arrival in a great many countries.

26. In addition, travellers have been required to present their vaccination certificates to the health authorities of a transit airport for stamping.

The Committee will doubtless wish to recommend discontinuance of a practice which leads to needless overstamping and illegibility of certificates; passports are the only documents which should be stamped at frontiers by the various authorities, including the health authorities.

27. Although in the Regulations there is no provision permitting a country to declare infected a local area outside its own territory, such notifications are often made. The Director-General has followed the practice of ignoring notifications of this kind except when they come from a country not bound by the Regulations; only in that case are they inserted in the Organization's radio-epidemiological bulletins, and published in the Weekly Epidemiological Record.

It is to be assumed that all Member States adhering to the Regulations consider as infected the local areas notified as such by WHO, and as free from infection those which have become so on the fulfilment of the conditions laid down in Article 6, paragraph 2, of the Regulations.

Nevertheless, it should be pointed out that the above-mentioned notifications concerning local areas in foreign territories may not be made in the form of a declaration of infection, but may be transmitted to the Organization in accordance with the terms of Article 8, paragraph 1 (b). They thus enable the Organization to know when sanitary measures not justified by the actual epidemiological conditions in the territory concerned have been applied, or are maintained for too long a time.

28. The International Sanitary Regulations contain a number of provisions with regard to disinfection of passengers' effects and luggage, of goods transported, and of ships, aircraft and vehicles of various kinds. Although the Regulations leave the health administrations completely free to decide on the methods to be used in their territories, requests for information on the best method are frequently received. Has the Committee any recommendations to make on this subject? Does it consider that an inquiry into the details of the methods of disinfection used in the various countries would be worth making?

29. As far as the deratting of ships is concerned, the Regulations give more definite indications, as the words "deratting ... by fumigation ... fumigant ... by catching, trapping or poisoning ..." and footnote (e) reading: "State the weight of sulphur or of cyanide salts or quantity of HCN acid used ", are included in the model of the deratting certificate (Appendix 1).

The Committee is requested to make it clear whether in the deratting of ships by fumigation the list of products indicated in Appendix 1 is restrictive or if other substances may be used without risk of invalidating the certificate subsequently issued.

For example, a health administration has asked WHO if fumigation by means of methyl bromide, used for the disinsecting of ships, is equally acceptable for deratting under the terms of the International Sanitary Regulations.

Several experts consulted on this subject have given a negative reply. The Committee may wish to comment on this matter.

Part V — Special Provisions relating to each of the Quarantinable Diseases

30. A survey of rodent infestation of ships was carried out in accordance with the recommendation of the Committee at its first session. It forms the subject of a special document.1

31. Some difficulties have arisen in connexion with the application of quarantine measures to travellers coming from a local area infected with plague or rodent plague (see on this subject the report from Ecuador on page 20). Measures have been taken with regard to arrivals from any part of a country which has notified the presence of a rodent plague focus, and not only to arrivals from the infected local area. It is noted that, in general, notifications of plague are immediately followed by the adoption by other countries of measures which sometimes exceed those permitted by the Regulations.

32. Similarly, notification of a single case of typhus or relapsing fever sometimes leads to the application of measures which should only be applied when there is an epidemic of these diseases.

Notifications of typhus (or relapsing fever) which is not louse-borne typhus (or louse-borne relapsing fever) as defined in the Regulations are still too often sent to the Organization. The result is that, in general, notifications of plague are immediately followed by the adoption by other countries of measures which sometimes exceed those permitted by the Regulations.

33. As regards yellow fever, the provisions of the 1951 Regulations were applicable during the period covered by the present report, in view of the fact that the Additional Regulations adopted by the Eighth World Health Assembly do not come into force until 1 October 1956.

Aëdes aegypti indices from the localities excluded from the yellow-fever endemic zone in Africa were received regularly every three months and published in the Weekly Epidemiological Record. They have remained constantly below one per cent. The same has not always been true of localities similarly excluded from the yellow-fever endemic zone in the Americas. In the port of Paramaribo (Surinam), the Aëdes aegypti index rose above one per cent, and in consequence this port was no longer considered as excluded from the zone.2

34. The first notification of an aircraft infected with smallpox is mentioned on page 15. The patient—a European in possession of a valid vaccination certificate—died some hours after arrival in Calcutta. In this connexion, it has been suggested to the Organization that it might be useful, in the interests of passengers, and particularly of those who are travelling to regions where smallpox is endemic, to check smallpox revaccinations to ascertain whether or not they took.

The Committee will remember that this question was discussed at length by the Expert Committee on International Epidemiology and Quarantine when the International Sanitary Regulations were being prepared, as well as by the OIHP/WHO Joint Study Group on Smallpox.3 In view of the fact that the only acceptable proof of successful revaccination is the appearance of vesiculation, it was suggested that, if revaccination was not followed by such vesiculation, a second revaccination should be performed. It is difficult, however, to justify this practice from the scientific point of view, and it would also delay for several days the departure of passengers not advised in advance of this formality. Moreover, it would be impossible to bring about vesiculation in immune persons. The Committee will have to decide whether it would be desirable to reopen discussion of this question, bearing in mind that it has already recognized that, from the international point of view, the rules for the issue of international certificates of vaccination against smallpox are based more on administrative than on scientific considerations.

Part VI — Sanitary Documents

35. Several American health administrations which required presentation of a health certificate before allowing travellers to enter their country have agreed, at the Organization’s request, to abandon this practice.

36. On the other hand, although Article 95 of the Regulations is quite clear and definite, and although the Quarantine Committee requested health administrations not to demand bills of health, with or without consular visa, these documents continue to be issued by consular authorities of certain countries which are bound, without reservation, by the Regulations. During the period under review, the complaints received by the Organization on this subject have referred in particular to several health administrations of central and south America. It is true that, in the western hemisphere, Colombia and Chile are

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1 Unpublished
2 Wkly epidem. Rec. 1954, 45, 443
3 Off. Rec. Wld Hlth Org. 11, 18
not parties to the Regulations and that this induces captains of ships bound for American waters to request a bill of health even when they are going to ports of countries bound by the Regulations. It should be added that the inquiries made in connexion with each of the cases brought to the notice of the Director-General revealed that some of the complaints were unfounded, the bill of health having been confused with the maritime declaration of health.

Part VII — Sanitary Charges

37. By the end of the second year of application of the International Sanitary Regulations, only about a dozen countries had notified the Organization of the details of their sanitary charges. It seemed to the Director-General that the moment had come to collect this information and to publish it in the form of a Supplement to the Weekly Epidemiological Record.¹ The inquiry carried out for this purpose showed that about one-third of the countries and territories which had supplied the required information were levying sanitary charges in excess of what is permissible under the provisions of Article 101 of the Regulations. Whenever an infringement of the Regulations was noted, the attention of the health administration concerned was called to the fact. In most cases, the Director-General’s suggestions were accepted and the necessary steps taken to amend national legislation provisions incompatible with the Regulations.

38. Some countries levy extra charges for operations effected on holidays or during the night. Since in such countries the cost of the service rendered is, in fact, higher when operations are effected outside normal working hours, the levying of extra charges may perhaps be considered justifiable. The Committee is requested to give its opinion on this point.

39. On the other hand, certain health administrations have informed the Organization that they levy charges which obviously cannot be considered as sanitary charges, such as boarding fees, station fees, and various fines.

The Organization received a complaint because a State imposed a fine on a ship which did not, on arrival, hoist the yellow flag, letter Q, which in the International Code of Signals means: “My vessel is healthy and I request free pratique”. The Director-General considered that the question of hoisting or not hoisting a flag of the International Code of Signals was a matter of general maritime practice, and that it could not be considered as a sanitary measure. WHO’s view that this was not a matter within its competence was not shared by the maritime organization which notified the incident. That organization is, in fact, insisting that steps be taken, invoking Article 23 of the Regulations, which reads as follows:

The sanitary measures permitted by these Regulations are the maximum measures applicable to international traffic which a State may require for the protection of its territory against the quarantinable diseases.

The Committee’s comments on this question are therefore requested so that the Director-General may know what attitude to adopt should he be informed in the future of the levying of fines, boarding fees, station fees, or other charges not provided for in the Regulations.

A ruling is also required on the question whether the levying of a charge for the transmission of a quarantine message by radio—a charge exceeding the cost of the message and payable by the ship on arrival—is compatible with the provisions of Article 101, paragraph 1, of the Regulations.

Part VIII — Various Provisions

40. The Quarantine Committee will remember that during its previous session a draft arrangement was prepared,² in accordance with the terms of Article 104 of the Regulations, concerning internal navigation on the Rhine, Meuse, and Scheldt river network—an arrangement to which the Governments of Belgium, Federal Republic of Germany, France, Netherlands and Switzerland were to be parties. The Central Commission for the Navigation of the Rhine informed WHO that it had no objection to the terms of the draft agreement. It was ratified by Belgium, but the other governments concerned have not yet advised the Organization of their position in regard to it.

41. On the other hand, the Organization has been notified of the conclusion of three sanitary arrangements, within the terms of Article 104 of the Regulations, relating respectively to:

(i) Burma, India and Pakistan;³
(ii) Belgian Congo, Ruanda-Urundi and Uganda;⁴
(iii) Denmark, Norway and Sweden.⁵

¹ Wkly epidem. Rec. 1955, 46, Suppl. 5 (contains information from sixty-five countries and territories on charges in force on 18 November 1955.)
² See Off. Rec. Wld Hlth Org. 64, 37.
³ Wkly epidem. Rec. 1954, 31, 311
⁴ Wkly epidem. Rec. 1955, 26, 306
⁵ Wkly epidem. Rec. 1955, 29, 340
Part IX — Final Provisions

42. A list of the States and territories which were parties to the International Sanitary Regulations on 1 December 1955 is given as an annex to this report.1 Since the establishment of the last report, the following States and territories have become parties to the Regulations:

9 August 1954:
Surinam — subject to a reservation with respect to Articles 17 and 56

1 October 1954:
Egypt — subject to reservations with respect to Articles 69, 70, A7 and A11

1 October 1954:
Sudan — without reservation

21 March 1955:
Antigua — without reservation
Brunei — reservation with respect to Article 17
Dominica — reservation with respect to Articles 15, 38 and 44
Falkland Islands — reservation with respect to Article 17
Fiji Islands — reservation with respect to Article 100
Gambia — reservation with respect to Article 17
Gilbert and Ellice Islands — reservation with respect to Article 100
Hong Kong — without reservation
Maldives Islands — without reservation
Pitcairn Islands — reservation with respect to Article 100
St Lucia — reservation with respect to Article 19
St Vincent — reservation with respect to Article 19
Solomon Islands (British) — reservation with respect to Article 100
Sarawak — reservation with respect to Article 17
Somaliland Protectorate — reservation with respect to Article 17
Tanganyika — reservation with respect to Article 17
Tonga Islands — reservation with respect to Article 100

43. The applicability of the International Sanitary Regulations to the Sudan posed a juridical problem which would appear to be solved by that country's accession to independence.

44. Another difficulty encountered has been that of the present status of the sanitary provisions of the Montreux Convention — provisions not specifically mentioned among the international sanitary conventions and similar agreements which were abrogated by Article 105 of the Regulations. One State which is party to the Convention in question (Turkey) considers that it can continue to exercise the right, conferred by a clause in the Convention, to levy sanitary charges which are no longer allowed under the International Sanitary Regulations. The new situation which will arise from the expiration of the Montreux Convention, due to take place shortly, may facilitate the settlement of this question without its being submitted formally to the Committee on International Quarantine.

45. The Committee was previously informed that the Organization had had the Regulations translated into and published in Spanish and Arabic. During the period under review a Chinese translation has also been made but has not yet been published.

Appendices 1 to 6

46. In Appendix 3, the International Sanitary Regulations specify that the international certificate of vaccination or revaccination against yellow fever "is valid only... if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated". A government has designated the medical services on board thirty-four of its ships as approved centres for the issue of international certificates of vaccination against yellow fever. Since there is no clause in the Regulations that appears to invalidate such designations, the list of yellow-fever vaccination centres as notified by the government in question was published in the Weekly Epidemiological Record.2 The Quaran-
tine Committee may wish to express an opinion on this.

47. Proposals for amendment of the international certificate of vaccination against smallpox were submitted for the Committee's consideration in the first part of this report, together with observations on immunity subsequent to smallpox vaccination. Other questions, relating more particularly to the completion of the international vaccination certificates, have been submitted to the Organization. They are as follows:

(1) Are only qualified medical practitioners entitled to sign vaccination certificates?
(2) Can vaccinations be carried out by nurses and other technicians?

1 Not reproduced in this volume. A map and a statement showing the position of States and territories as regards the International Sanitary Regulations at 31 December 1955 are contained in Off. Rec. Wild Hlth Org. 67, 40. The position at 21 May 1956 is given on p. 77.

2 Wkly epidem. Rec. 1955, 15, 171
In the Organization's epidemiological bulletins.

8. Health administrations concerned, and was published

9. Information was sent by telegram as soon as received to the

10. Administration to be free of infection. This informa-

11. Population was satisfactory. On 5 August the 1955

12. Indicating that the state of health of the pilgrims and

13. Absence of quarantinable diseases in its territory, and

14. Sent weekly telegraphic information notifying the

15. Visions of the International Sanitary Convention,

16. National Quarantine at its second session, has been

17. Completed.

18. Unpublished Supplement

19. The annual report on the Mecca Pilgrimage for

20. The inquiry into the vaccination of infants

21. Under one year of age against yellow fever and

22. Cholera, recommended by the Committee on Inter-

23. General's task would be made easier if in future

24. Common sense has served as a guide in answering

25. Annexes A and B

26. The first annual report on the Mecca Pilgrimage for the

27. Year of the Hegira 1373 (1954) was published as a

28. Supplement to Weekly Epidemiological Record

29. No. 32. As this pilgrimage, which officially ended

30. 27 September 1954, took place before Egypt

31. Considered itself bound by the Regulations, the

32. Egyptian health authorities applied to it the pro-

33. Regulations?

34. Instead of a personal signature in ink, may the

35. Vaccinator use his official stamp?

36. Is it indispensable to inspect the result of

37. Primary smallpox vaccination?

38. A baby born to a mother immunized against

39. Smallpox is generally immunized also and therefore

40. The primary vaccination will not take. Should the

41. Fact that the vaccination has not taken be

42. Mentioned on the certificate?

43. When the person vaccinated is illiterate or

44. A child who cannot write, how and by whom is the

45. Certificate to be signed?

46. What attitude should be adopted by the health

47. Authorities when the certificate produced is in a

48. Language other than French or English and has

49. Been issued by a country which is not bound by the

50. Regulations?

51. Infected Ships and Aircraft

52. The Jeddah quarantine station is not yet func-

53. Tioning as its equipment has still to be completed.

54. In case of need, however, the installations already

55. Terminated could be used.

56. The official inauguration of the station, which was

57. To take place on 28 November 1955, was postponed

58. By the Saudi Arabian Government.

59. At the Eighth World Health Assembly, the delegate

60. Of Saudi Arabia expressed his Government's wish

61. That the Executive Board should take the necessary

62. Steps to rescind Annex A of the International

63. Sanitary Regulations, in implementation of the

64. Provisions of resolution WHA4.75. This resolution

65. Recognized that the provisions of Annex A were of a

66. Transitional nature and would cease to apply as soon

67. As Saudi Arabia was in a position to ensure the

68. Sanitary security of pilgrims. (See page 50.)

69. In all cases the ship came from Karachi.

70. Eight ships were notified as infected with small-

71. Pox; infection was doubtful in five cases and con-

72. Firmed in three. Two of the infected persons in the

73. Latter group were in possession of valid certificates

74. Of vaccination; the third confirmed case was a

75. Non-vaccinated child of five.

76. There were no notifications of ships infected with

77. Plague or yellow fever.

78. The notification of the infected aircraft—the

79. First to reach the Organization so far—related to a

80. Passenger from London who had disembarked en

81. Route at several airports in the Far East and who died

82. Smallpox in Calcutta on the day after his arrival.

83. He was in possession of an international certificate of

84. Vaccination against smallpox which had been issued

85. To him in London four months earlier. It was not

86. Possible to establish with certainty the origin of the

87. Infection. This case illustrates the role which can be

88. Played by air transport in the spread of infection.

89. Notifications of infected ships and aircraft are

90. Summarized in the table overleaf.

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1 Unpublished
### CASES OF QUARANTINABLE DISEASES ON BOARD SHIPS AND AIRCRAFT

Notifications published from 1 July 1954 to 30 June 1955

<table>
<thead>
<tr>
<th>Ship or aircraft</th>
<th>Date of arrival</th>
<th>Port of arrival</th>
<th>From</th>
<th>Disease, number of cases and probable source of infection</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Ships</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>S.S. MUSTALI</td>
<td>18 May 1954</td>
<td>Chittagong (Pakistan)</td>
<td>Karachi via Colombo</td>
<td>Cholera</td>
<td>1 clinical case; Member of crew; transferred to hospital 1 June; died same day.</td>
</tr>
<tr>
<td>M.V. MUTLAH</td>
<td>15 June 1955</td>
<td>Calcutta (India)</td>
<td>—</td>
<td>1 suspected case; Member of crew; onset of disease 4 July.</td>
<td></td>
</tr>
<tr>
<td>M.S. JAG JAMNA</td>
<td>5 Oct. 1955</td>
<td>Calcutta (India)</td>
<td>—</td>
<td>1 clinical case; Onset of disease 2 Oct.; patient died 3 Oct.; body buried at sea the next day.</td>
<td></td>
</tr>
<tr>
<td>S.S. THORSOY</td>
<td>10 July 1954</td>
<td>Suez (Egypt)</td>
<td>Mena el Ahmadi (Kuweit)</td>
<td>Smallpox</td>
<td>1 atypical case; Member of crew.</td>
</tr>
<tr>
<td>S.S. CHUSAN</td>
<td>21 Feb. 1955</td>
<td>Suez (Egypt)</td>
<td>Bombay and Aden</td>
<td>1 atypical case</td>
<td>—</td>
</tr>
<tr>
<td>S.S. JERSEY MIST</td>
<td>21 Mar. 1955</td>
<td>Fremantle (Australia)</td>
<td>Calcutta</td>
<td>1 case; infection probably contracted at Calcutta</td>
<td>Member of crew taken on at Calcutta on 8 March; onset of disease 19 March; patient in possession of vaccination certificate issued 7 March 1955.</td>
</tr>
<tr>
<td>M.S. OOSTERK</td>
<td>10 May 1955</td>
<td>Aden</td>
<td>Hong Kong, Singapore, Port Swettenham, and Penang</td>
<td>1 atypical, suspected case</td>
<td>Member of crew; patient recovered and was declared no longer infectious 17 May.</td>
</tr>
<tr>
<td>FRANCA C</td>
<td>—</td>
<td>Tenerife Canary Islands (Spain)</td>
<td>La Guaira</td>
<td>1 atypical case</td>
<td>Passenger; continued journey to Naples.</td>
</tr>
<tr>
<td><strong>2. Aircraft</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
2. WORKING OF THE REGULATIONS AS REPORTED BY MEMBER STATES

1. No cases of quarantinable diseases due to or carried by international traffic were reported by the Governments of the following countries: Afghanistan, Australia, Austria, Belgium, Burma, Cambodia, Canada, Ceylon, Chile, China, Colombia, Denmark, Dominican Republic, Ethiopia, Federal Republic of Germany, Federation of Rhodesia and Nyasaland, Finland, France (as regards French overseas territories), Greece, Haiti, Iceland, Indonesia, Ireland, Israel, Italy, Japan, Jordan, Korea, Luxembourg, Mauritius, Mexico, Morocco (French Zone), Netherlands, New Zealand, Norway, Philippines, Portugal, Saudi Arabia, Sweden, Switzerland, Syria, Thailand, Tunisia, Turkey, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, Viet Nam, Yugoslavia.

2. No difficulties in the application of the Regulations were mentioned in the reports received from the Governments of the following countries: Afghanistan, Argentina, Austria, Cambodia, Canada, China, Denmark, Dominican Republic, Ethiopia, Federation of Rhodesia and Nyasaland, Finland, France, Iceland, India, Indonesia, Ireland, Israel, Italy, Japan, Jordan, Luxembourg, Mauritius, Morocco (French Zone), Norway, Philippines, Spain, Sweden, Switzerland, Syria, Thailand, Turkey, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, Venezuela, Viet Nam, Yugoslavia.

3. The following comments and observations were received:

Afghanistan (report dated 30 June 1955)

"Air traffic to and from Afghanistan is comparatively limited. Aircraft come to Kabul from USSR, India, Pakistan, Iran and Bahrain (Aryana Airlines). However, the traffic load is very limited and we are fortunate not to have had any quarantinable disease imported into the country. With the relative expansion of air traffic in Afghanistan, sanitary facilities at Kabul airport are being gradually increased and the matter is being kept under constant review, with the assistance of the WHO Public Health Adviser.

"Future plans anticipate the development of Kandahar as an international air field. At present this place is the first point of entry for aircraft from Pakistan, Iran and Bahrain. The provisions of Article 19 of the Regulations are not yet implemented at Kandahar, but the matter is being kept in view. Except for air traffic from Bahrain, which disembarks passengers at Kandahar, other international traffic stop there only for refuelling purposes.""

Argentina (report dated 14 October 1955) (translation from the Spanish)

"The epidemiological and demographic services report the occurrence in the country of the following cases of quarantinable diseases due to international traffic:

Jujuy Province: from 1 July to 31 December 1954; 6 cases of smallpox from 1 January to 30 June 1955; 1 case of smallpox

Salta Province: from 1 July to 31 December 1954; 6 cases of smallpox

"The following measures have been taken in connexion with these cases: isolation of cases and contacts, vaccination of contacts and requirement of the international certificate of vaccination against smallpox from persons crossing the frontier."

Australia 1 (report dated 16 May 1955)

"The position is substantially the same as that reported on 2 July 1954." 2

Austria (report dated 29 June 1955)

"This country is not yet in possession of its full sovereignty and therefore its powers are restricted with regard to the control of air traffic and inland navigation."

Belgium (report dated 11 July 1955) (translation from the French)

"The difficulties of application of the Regulations are more or less what they were in previous years; there has been no improvement. At most, there has been less inclination to make complaints on the part of the victims.

"This is particularly true with regard to illegal levying of sanitary dues by certain countries, which continues in spite of everything, and shipping companies have ceased to complain from slackness and fear of reprisals.

"Another point in connexion with the application of the Regulations which continues to give us some

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1 Not bound by the Regulations
2 Not bound by the Regulations when this report was written; became bound on 17 April 1956
3 Off. Rec. Wld Hlth Org. 64, 13
trouble is that of authentication of vaccination certificates.

" Although the World Health Assembly definitely rejected the principle of legalization of the practitioner’s signature in order to spare travellers an additional formality, we find that, paradoxically, it is the travellers themselves who are most attached to this principle and who demand authentication of their certificates by the public authorities.

" Even though the authorities concerned have done their best to explain to the public that the sense of the words ‘cachet d’authentification’ is not exactly what might be understood from the French text, and that it should be limited to ‘cachet autorisé’ which is a translation of the English, travellers still demand that the health authorities shall affix an official authentication stamp.

" The explanation of this apparently paradoxical situation is not difficult, since a few inquiries sufficed to convince us that in many cases the authentication served as a cover for ‘favour’ documents.

" Travellers reacted immediately by having the documents for authentication presented by a third party, thus avoiding any possibility of control.

" We are of the opinion, therefore, that at the present time in French-speaking countries the authentication of vaccination certificates in the sense of the restricted interpretation given to it by WHO, i.e., as being merely an affirmation to the effect that the signatory is legally authorized to perform the vaccination in question, encourages fraud and facilitates the utilization of false certificates having an official appearance.

" It is regrettable that WHO has not yet definitely settled this minor point, which does not even require any modification of the Regulations (which latter would call for approval by the Assembly) but merely a better translation of the text of the Appendices, which could be established by the WHO administration.

" We therefore formally propose that in the French text the words ‘cachet d’authentification’ be replaced by ‘cachet autorisé’ in order to coincide with the English text, though we would have preferred the phrase ‘cachet autorisé du vaccinateur’ (vaccinator’s approved stamp) to make it quite clear that no legalization is required and that the practitioner is legally entitled to affix his own stamp, and also in order to emphasize that the certificate is established on the sole responsibility of the vaccinator who thus guarantees its content.

" We should also like to draw your attention (as the Canadian authorities have already done, and we share their opinion) to the wording of the health part of the Aircraft General Declaration.

" We feel quite definitely that the wording of (a) should be modified and made to coincide with that of paragraph 4 of the Maritime Declaration of Health.

" The present form makes it possible for the pilot in command to omit to mention in the General Declaration the presence on his aircraft of a case of communicable, or even quarantinable, disease, so long as the case did not appear during the journey; therefore the air transport companies do not hesitate to disembark by roundabout routes passengers whom they knew to be ill before departure. Cases of poliomyelitis in the acute phase or in the phase immediately following it are often transported in this way from one country to another without any notification to the authorities of arrival.

" This is an inadmissible situation, and there is no justifiable reason for making a distinction between the obligations of air and sea transport companies which, without exception, should be obliged to declare on arrival any case of communicable disease carried.

" It is hoped that you will be able to find a satisfactory solution to these problems."

**Burma** (report dated 12 August 1955)

" Although reservations to some articles of the International Sanitary Regulations were made, the Government of the Union of Burma are in fact applying the Regulations for the most part, such as:

(a) issuance of valid international certificates of vaccination against cholera, smallpox and yellow fever in booklet form and demand of such certificates from the incoming persons from infected places;

(b) issuance of deratting and deratting exemption certificates;

(c) demand of maritime declaration form from the captains of incoming ships, etc.

" In addition, as a prelude to the ratification of the International Sanitary Regulations, the following steps were taken during the period under reference.

1. Arrangements in pursuance of the provisions of Article 75 of the International Sanitary Regula-

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1 Not bound by the Regulations
tions were made with the Governments of India and Pakistan for the interception at their respective airports of persons coming from yellow-fever infected local areas and intending to proceed to Burma without valid certificates of vaccination against yellow fever.1

“2. The use of the approved stamp as per requirements of the International Sanitary Regulations to be affixed on the international certificate of vaccination against cholera, smallpox, and yellow fever to make the same valid, was adopted.

“3. Arrangements are being made for the provision of facilities to declare the Rangoon Airport, Mingaladon, as sanitary airport so as to prevent the importation of yellow fever into Burma, as per requirements according to the provisions of the International Sanitary Regulations. Not a single airport in Burma can at present be called a sanitary airport in terms of the International Sanitary Regulations. However, attempts are being made to fulfil the requirements of Article 19 of the International Sanitary Regulations in the Rangoon Airport, Mingaladon. Construction of a new terminal building at Rangoon Airport, Mingaladon, is in progress with provisions of all facilities for a sanitary airport. It is hoped that this construction will be completed before the end of the current year.

“4. For the issuance of deratting and deratting exemption certificates, arrangements are also being made for the installation of the Clayton Type ‘B’ fumigating apparatus on a suitable barge or Diesel (propelled) launch for the fumigation of maritime vessels, as deratting is being done at present by fumigation, by burning sulphur in open trays.”

Ceylon (report dated 12 August 1955)

1 The text of this arrangement was published in Wkly epidem. Rec. 1954, 31.

journey immediately from Ceylon to India, he is quarantined in India. To give an example, a person arriving in Ceylon from Djibouti by fast ship, without a yellow-fever certificate, would be free in Ceylon, but would be liable to quarantine (in mosquito-proof isolation) if he continued his journey to India. The position is illogical and embarrassing to the passenger.

“It is observed, however, that “yellow-fever endemic zones” as defined by the World Health Organization under Article 70 (1) of the International Sanitary Regulations, are abandoned and substituted by “infected local areas” in the new Additional Regulations, and it is hoped that the particular problem referred to above will be solved in due course by consultations with India initiated in connexion with the Additional Regulations which Ceylon has been invited to consider before 19 March 1956.”

Chile 2 (report dated 7 September 1955) (translation from the Spanish)

“The National Health Service of our country, conscious of the importance of bringing the International Sanitary Regulations into force, has many times approached the executive and legislative authorities with a view to obtaining ratification of the said Regulations.

“Recently, a communication was sent to the Ministry of Health urgently requesting approval of this instrument by the Chamber of Deputies and by the Senate.

“We hope that the Regulations will be approved during the present legislative session and we shall not fail to inform you in due course.”

Colombia 2 (report dated 27 June 1955) (translation from the Spanish)

“The Colombian Ministry of Public Health has completely adapted its health legislation to the provisions of the International Sanitary Regulations, and its officials continually ensure strict application of the said provisions. Recently, certain measures were adopted for the more accurate diagnosis of quarantinable diseases and for their more rapid and efficient notification, on both national and international levels.

“We have studied, and consider of great importance, the proposals with regard to the introduction into the yellow-fever provisions of the Regulations of amendments which would facilitate more accurate application of the quarantine measures in connexion with this disease.”

2 Not bound by the Regulations
Denmark (report dated 16 August 1955)

It is stated in the report that some questions of detail remain to be settled concerning the application of the Regulations in the Faroe Islands, but the Danish Government should soon be able to withdraw the rejection made in respect of this territory, and also hopes to notify shortly the withdrawal of the rejection made as regards Greenland.

Ecuador (report dated 19 August 1955) (translation from the Spanish)

“There have been a number of difficulties in our country in connexion with the application of the International Sanitary Regulations, particularly with regard to the provisions covering quarantinable diseases due to international traffic. Although no case of disease of this nature was noted in the country during the period under consideration, the Ministry of Social Welfare is of the opinion that attention should be drawn to the fact that at the end of July 1954 there was an outbreak of plague in Puna Island (Gulf of Guayaquil)—undoubtedly due to the entry into the country of fishermen from North Peru. The outbreak was immediately halted by the national plague control service.”

In view of this epidemic, two countries applied drastic measures for the control of international traffic with the Ecuadorian ports—measures which, on account of excessive precaution, were not in conformity with the Regulations and which slowed down the country’s normal foreign trade operations.

Fortunately, timely action taken by the Ecuadorian health authorities, with the support of the Pan American Sanitary Bureau, led the authorities concerned to withdraw the restrictions in question and to re-establish normal traffic conditions with the ports of Ecuador.

“In view of the foregoing, however, it would be desirable for the World Health Organization to modify the International Sanitary Regulations in so far as the plague provisions are concerned since, in present conditions, it is absolutely useless and superfluous to apply drastic measures the only result of which is to hamper seriously inter-country commercial relations.

“In this connexion I would suggest suppression of quarantine measures in respect of seaports considered as infected with plague; the only requirements should be presentation of a certificate proving fumigation of the ship by zyklon gas, treatment of effects by DDT, and checking of passengers.

“There should also be some clear definition of the local area considered to be adjacent to a focus of communicable disease, such definition to be established on the basis of the epidemiology of the respective quarantinable diseases. In this way, the arbitrary delimitation of such areas by each country—which may create serious inconvenience, especially to passengers—would be avoided.

“In connexion with Article 95 of Part VI—Sanitary Documents—of the International Sanitary Regulations I have in my possession reports from both the maritime and airport health officers according to which Panama, Colombia, Peru and Chile still continue to demand bills of health from ships and aircraft, in contravention of the clear and formal provisions of the above-mentioned Article.”

Egypt (report dated 25 August 1955)

“1. The following cases of quarantinable disease arrived through international traffic:

<table>
<thead>
<tr>
<th>Vessel</th>
<th>Port of departure</th>
<th>Date of departure</th>
<th>Diagnosis</th>
<th>Place of isolation</th>
<th>Date of arrival</th>
<th>Port of departure</th>
<th>Date of departure</th>
<th>Diagnosis</th>
<th>Place of isolation</th>
<th>Date of departure</th>
</tr>
</thead>
<tbody>
<tr>
<td>THORSOY</td>
<td>Ahmadi</td>
<td>27.6.54</td>
<td>Modified smallpox</td>
<td>Moses Wells</td>
<td>10.7.54</td>
<td>Bombay</td>
<td>15.2.55</td>
<td>Modified smallpox</td>
<td>Moses Wells</td>
<td>21.2.55</td>
</tr>
<tr>
<td>CHUSAN</td>
<td>Bombay</td>
<td>15.2.55</td>
<td>Modified smallpox</td>
<td>Necessary</td>
<td></td>
<td>CHUSAN</td>
<td>21.2.55</td>
<td>Necessary</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

“2. As regards the difficulties experienced in applying the Regulations, these are summarized hereunder:

(a) It has been observed that the notifications provided for under Articles 3 and 4 of the Regulations take a long time to arrive. This fact has often been reported to the Regional Office for the Eastern Mediterranean, it having been observed that the various bulletins emanating from the Organization and its offices reported the incidence of quarantinable diseases in different countries which had not been notified until as much as several months have elapsed. Thus the proper time for taking the appropriate measures is missed, the other countries are exposed to the risk of infection, and the objectives of the Regulations are defeated.

We may mention in this connexion, the great advantage of the former procedure of sanitary documents which contained the latest sanitary information prior to the departure of the means of transport. This facilitates the application of the proper measures provided for under the Regulations. We cannot but suggest the return to this

1 This complaint was referred to the WHO Regional Office for the Americas for action.
procedure of sanitary documents for the reasons given above and to avoid any danger arising from the late arrival of the notifications.

(b) The definition of the ‘local area’ as given in Article 1 and the restriction of the measures to the boundaries given in this definition are apt to raise several difficulties on application. To trace these areas was almost impossible since the most accurate geographical atlas does not show the sites of all this large number of areas. It is, therefore, suggested that this question be considered with a view to removing these difficulties and facilitating the application of the measures.

(c) Article 1 gives the quarantinable diseases against which measures as provided for under the Regulations, shall be taken. To avoid any possible confusion, it should be made known that the measures applicable in connexion with cases of smallpox shall be equally applied in cases of alastrim. It is suggested that this is clearly provided for in the above definition.

(d) Article 6 (2) determines the period after which the measures provided for in the Regulations shall cease to be applied as twice the incubation period of the disease. This is apt to raise, in the case of certain diseases, unnecessary inconveniences. In the course of the application of the Regulations, it has been observed that no sooner an area is declared free from a certain disease, than it is declared once again as infected with the same disease. The interval may not exceed a few days which shows that the first declaration was premature and that the disease was not effectively eradicated from that area.

“This is submitted for consideration with a view to increasing the time after which an infected area may be declared free, to ensure the effective eradication of the disease.”

Ethiopia (report dated 29 April 1955)

“As long as we are permitted to count smallpox, typhus and relapsing fever as endemic in the country, and as long as epidemiological records may be given and inserted in the weekly epidemiological reports at the time when they are available to the Ministry of Public Health, we have no difficulties in applying other rules of the Regulations.”

France (report dated 8 August 1955) (translation from the French)

“1. Yellow fever in Trinidad

The appearance of cases of yellow fever in Trinidad called for the application, in August 1954, of the measures laid down in Chapter III of Part V of the International Sanitary Regulations covering arrivals from infected local areas.

“The measures adopted on arrival in the receptive territories of the overseas departments of the Antilles and Guiana were as follows:

(1) disinfecting of ships and aircraft arriving from Trinidad or having been in transit through Trinidad;

(2) presentation of valid international certificates of vaccination against yellow fever by passengers and crews arriving from Trinidad or having been in transit through Trinidad, taking into account the provisions of Article 34 of the International Sanitary Regulations;

(3) isolation up to the end of the incubation period of arrivals from Trinidad not holding the necessary certificate of vaccination.

“No epidemiological incident was noted in the three French departments concerned and the control measures were lifted as soon as the infected local area was officially declared free of infection.

“2. Smallpox foci in metropolitan France

“On 5 January, the World Health Organization was informed, in application of Article 3 of the Regulations, that the local area of Vannes (Morbihan) had become infected. On 8 April the town of Brest was also declared infected. The intra-hospital development of the foci in the two towns produced seventy-four cases with fifteen deaths.

“The two infected local areas were declared free of infection, in accordance with the provisions of Article 6 of the Regulations, on 30 June 1955.

“During the period 1 to 24 February, the French Government also notified the town of St Dié (Vosges) as an infected local area. Only two cases were registered.

“Both outbreaks, at Vannes and St Dié, were probably due to the introduction into France of virus carried in the luggage of two air passengers from the Far East.

“This indirect introduction of the infection—which it is difficult to dispute after the thorough epidemiological investigations carried out—draws attention to a rare but possible means of infection against which no provisions of the International Sanitary Regulations are applicable, at least on arrival.”
Germany, Federal Republic \(^{1}\) (report dated 3 August 1955)

"The epidemiological radio bulletins of WHO are regularly received and used by the Federal Health Office. During the past year the information received in this way with regard to the incidence of smallpox in Vannes and some other places in neighbouring countries west of Germany was of particular interest in view of the endeavours made by the Federal Republic in the field of epidemics control.

"In the port of Hamburg, the inspection of, and issue of papers to, ships, and the sanitary supervision of sea-vessels are carried out without any friction. Ships arriving from local infected areas but having no cases of infectious disease on board, and not any suspect cases either, are examined by the public-health officer at the landing-place. The public-health officer always arrives so early that communication between ship and land will not be interfered with. Neither do delays occur in loading and unloading, or in disembarking passengers.

"In 1954, in the port of Cuxhaven, sanitary measures owing to the occurrence of quarantinable diseases or suspect cases could be dispensed with.

"Some ships announced their arrival by wireless telegraphy and in this way asked for free pratique. As it is deemed necessary, now as before, to make the examination on board in order to obtain an unobjectionable picture of the state of health and hygienic conditions aboard ships, and as, on the other hand, it is well known that very often health certificates are issued in a careless manner, the strict order is observed that all ships—specifically those arriving from infected local areas—are not given free pratique until they have been inspected by the Port Medical Officer. The experience gained in this field, as well as knowledge of economic exigencies, enable this service to avoid hindrances and delays.

"Deratting certificates and deratting exemption certificates are regularly issued—after thorough inspection.

"Health certificates for some overseas countries are still required, though according to the International Sanitary Regulations they ought not to be issued.

"International vaccination booklets are in the possession of all crews of all ships arriving from overseas. In many cases they are produced spontaneously, often together with a list of the entries contained therein, though in this country there exists as yet no legal basis for demanding their production.

\(^{1}\) Not bound by the Regulations when this report was written; became bound on 17 April 1956

"In the port of Bremen, too, during the period from 1 July 1954 to 30 June 1955, inspection by the Port Medical Officer of ships having arrived from overseas, showed no quarantinable diseases.

"During the year 1954, papers were issued to 450 quarantinable overseas ships with crews totalling 21,518 persons, and 910 passengers.

"As to special occurrences, the Port Physician of Brake (Land Lower Saxony) submits the following report:

'On 5 March 1955, the Port Physician in Brake was informed by telephone by the Ministry of Social Affairs of the Land Lower Saxony that some persons suspect of smallpox were on board a sea-ship lying at the pier. An inspection made immediately of the two ships lying at the pier resulted in the following: The British motor ship Maipura (of Liverpool) with a cargo of coal coming from Norfolk arrived at Brake on 4 March 1955 at 16 o'clock. The ship having left Norfolk on 1 February reached London on 21 February; left London on 1 March for Southampton, left Southampton on 3 March for Brake, where it arrived 4 March. After prolonged questioning we were told by the paymaster the following:

'"Together with five other members of the crew the paymaster on 21 February had been paid off from the British motor ship Manaar and on 22 February been enrolled on the Maipura. On the Manaar a member of the crew (an Indian) had fallen ill. This case had been suspect of smallpox or chickenpox."

'On the supposition that this had in fact been a case of smallpox and that consequently the last day of a possible contact infection on board the Manaar had been 21 February, the measures taken as a result of the inspection of the Maipura were as follows:

'(1) The six seamen having been paid off from the Manaar and enrolled on the Maipura on 22 February, were thoroughly examined and questioned (sore throat during the last few days, cutaneous eruption, fever, etc.). As a result it was found that all of them were in good health, free from infectious disease. As to the protective vaccination, they all of them had been regularly vaccinated within the last two years.

'(2) The captain was informed in detail with regard to a possible case of smallpox, and that in case of any person falling ill he was required to notify this without delay to the Health Service of the port.
(3) Up to the date of the start of its voyage out, the ship was under permanent supervision by the Health Service of the port.

'Any cases of infection or suspect cases have afterwards not come to our notice.'

"As regards the airports situated in the territory of the Federal Republic, there is nothing to be considered with regard to any special experience gained... Medical service, equipment and facilities as indicated in Articles 14 to 19 of the International Sanitary Regulations, are available at all airports of the Federal Republic."

Greece (report dated 1 September 1955) (translation from the French)

"No major difficulty has been encountered in the application of the International Sanitary Regulations. However, there are a few minor difficulties which may be summarized as follows:

(1) Article 27, paragraph 2. So far we have never received any notification concerning persons placed under surveillance, which leads us to believe that the provisions of Article 27, paragraph 2, are not applied, so that it is necessary to examine the travellers' passports, but it is impossible to obtain satisfactory results when a large number are arriving.

(2) In connexion with the preceding, we would also point out the difficulty of checking the route followed by each traveller because of visas entered here, there and everywhere in the passports and drafted in different languages.

(3) Many travellers find it troublesome to carry the booklet of vaccination certificates with them. To overcome this, they detach the sheets where vaccinations have been noted and attach them to their passport. Perhaps it would be possible to find some way of preventing this practice.

(4) The time necessary for the disinsecting of aircraft gives rise to complaints on the part of the air transport companies. However, it is practically impossible to shorten the few minutes necessary for this operation."

Haiti (report dated 13 July 1955) (translation from the French)

"There is no doubt that the new Regulations established by WHO, and to which we have adhered, constitute an enormous step forward in quarantine procedure. Not only do they enable Member States to adopt uniform measures for the protection of their respective territories, but they also greatly facilitate international traffic. It may be said without reservation that they constitute one of the most satisfactory instances of international solidarity. Nevertheless, everything new necessarily demands some time before it can be completely integrated into current practice, and certain difficulties are bound to arise. The World Health Organization is well aware of this fact, in that... it requests Member States to bring to its notice any difficulties in application.

1. The Haiti health administration, in spite of great efforts to improve its port and airport sanitary installations, has not yet been able, in view of the exiguous financial means at its disposal, to provide sanitary airports complying with the provisions of Articles 19 and 20 of the International Sanitary Regulations. It is hoped to achieve this at an early date.

2. In August 1954 the port of Port-of-Spain (Trinidad) was declared a yellow-fever infected area. Although we are conducting a vigorous campaign against the principal vector of the disease, Aedes aegypti, our territory is still a yellow-fever receptive area and we were obliged to apply the measures laid down in the Regulations:

(a) We requested international certificates of vaccination against yellow fever from arrivals from Trinidad.

(b) We were obliged to keep at our quarantine station for 1½ days a ship which left Trinidad only 4½ days before and which had taken on passengers. This measure was adopted in order to bring the interval up to the required six days which, in accordance with the Regulations, represent the incubation period for yellow fever.

3. Ships often arrive here without any maritime declaration of health; sometimes these declarations are filled in in an unsatisfactory manner. In addition, many ships' captains require on departure a bill of health or a statement of health conditions in the port. Whenever these difficulties have arisen, we have always, with the greatest tact and in a spirit of understanding, endeavoured to adopt a suitable solution."

India (report dated 19 August 1955)

"During the period from 1 July 1954 to 30 June 1955 only two cases of quarantinable disease which were due to or carried by international traffic occurred in India. The particulars of these cases are mentioned below.

A study is being conducted in two ports (Bombay and Calcutta) on the extent of rodent infestation of ships.
"Cases of quarantinable diseases due to or carried by international traffic and action taken"

1. Cochin port:

"One case of modified smallpox (crew) removed on 1 February 1955 from S.S. Fakira lying in the harbour. The vessel arrived from Colombo and sailed for Karachi. The patient was in possession of a valid certificate of vaccination against smallpox dated 28 August 1954 from Chittagong.

"Action taken: The case was removed to hospital. The bedding and personal belongings of the patient and contacts were steam-disinfected. Infected parts of the ship were disinfected. All other 52 members of the crew were found free from infection and were revaccinated against smallpox. Epidemiological Intelligence Station, Singapore, and the port of destination and next port of call were informed.

"Remarks: Incubation period suggested source of infection to be Chittagong.

2. Calcutta airport (Dum Dum):

One case of smallpox (passenger named Mr. H. Fordham). Arrived at Dum Dum on 9 February 1955 and died in a local hospital the next day.

"The first intimation of this case was received by the Director-General of Health Services, New Delhi, from the Director, WHO Epidemiological Intelligence Station, Singapore, on 16 February 1955. Immediate inquiries made in the matter revealed that the deceased was revaccinated in London on 24 November 1954. He left London in January 1955 and, after touching at Karachi, Bombay, Colombo, Singapore, Bangkok and Hong Kong, reached Rangoon on 7 February 1955. He left Rangoon on 9 February 1955 by the Union of Burma Airways and reached Dum Dum Airport the same day. He noticed a few rashes on his body in the morning of the 9th which he mistook for mosquito bites. The rashes were, however, not visible on the exposed parts of his body and he was not therefore detected by the Assistant Airport Health Officer, Dum Dum, who examined him on arrival at Dum Dum. Later during the day he developed symptoms and signs of smallpox and was admitted to the Nil Ratan Sarkar Medical College Hospital, Calcutta, at 1.30 a.m. on 10 February 1955 where he died the same day in the afternoon.

"Action taken: On receipt of a report dated 12 February 1955 from the Port Health Officer, Hong Kong, the Director of the WHO Epidemiological Intelligence Station, Singapore, started investigation in the matter. As desired by him, all particulars available in India about the case were collected and supplied to the Director.

"Remarks: The patient was 44 years old. His movements were as follows:

<table>
<thead>
<tr>
<th>Arrival</th>
<th>Departure</th>
</tr>
</thead>
<tbody>
<tr>
<td>London</td>
<td>6 January 1955</td>
</tr>
<tr>
<td>Karachi</td>
<td>7</td>
</tr>
<tr>
<td>Bombay</td>
<td>10</td>
</tr>
<tr>
<td>Colombo</td>
<td>19</td>
</tr>
<tr>
<td>Singapore</td>
<td>27</td>
</tr>
<tr>
<td>Bangkok</td>
<td>31</td>
</tr>
</tbody>
</table>

Israel (report dated 5 August 1955)

"Through a regrettable oversight our tariffs for sanitary charges in ports had not been adjusted so as to conform with the rules laid down by the International Sanitary Regulations; the necessary amendments were made and gazetted in December 1954. A full list of the tariffs now in force in our ports and airports is being submitted in a separate letter.

"Application of disinfectants is mentioned in a considerable number of articles of the Regulations. No specifications for disinfectants or procedures of disinfection are laid down by the Regulations. For the purpose of abolishing obsolete practices, it is asked whether guidance could be obtained in this matter from WHO." 1

Jordan, Hashemite Kingdom (report dated 27 June 1955)

Sixteen cases of louse-borne relapsing fever occurred in Jordan during the period under review. Quarantine restrictions were enforced against arrivals from infected local areas. 2

Korea (report dated 6 October 1955)

"There were 11 cases of smallpox with four deaths and one case of typhus; the source of these infections is believed to be inland.

"The statistics with regard to the sanitary measures taken by the port health authorities under the Regulations and/or on request are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disinsecting</td>
<td>696</td>
</tr>
<tr>
<td>Disinsecting</td>
<td>47</td>
</tr>
<tr>
<td>Deratting</td>
<td>12</td>
</tr>
<tr>
<td>Vaccination against smallpox</td>
<td>672</td>
</tr>
<tr>
<td>typhus</td>
<td>932</td>
</tr>
<tr>
<td>cholera</td>
<td>1055</td>
</tr>
</tbody>
</table>

1 This question has been answered by the Director-General.
2 The list of quarantine restrictions given in the report from Jordan is not reproduced here.
“Although conditions have improved, still many of the services applying the Regulations are not staffed and equipped satisfactorily to use modern methods and, therefore, the rapid increase of activities is a matter for concern.”

Mexico (report dated 13 August 1955) (translation from the Spanish)

“As to the difficulties encountered in the application of the Regulations, we regard as such the lack of prompt information when a local area becomes infected, especially in the case of smallpox. The occurrence of quarantinable diseases in areas previously free from infection is brought to our notice by means of various weekly epidemiological publications which give the number of cases and deaths recorded during the preceding week and, sometimes, less recent records. We believe therefore that it is necessary for countries of this continent, having common interests in view of their sanitary, geographical, or other conditions, to exchange information directly and rapidly, should a local area in their territory become infected, particularly with smallpox, without having to conclude special arrangements under Article 104 of the Regulations.”

Morocco, French Zone (report dated 16 September 1955) (translation from the French)


“During the year in question, the health authority modified the legislative provisions concerning sanitary charges, in conformity with Article 101 of the International Sanitary Regulations (Dahir of 18 September 1954, published in the ‘Bulletin Officiel’ No. 2190 of 15 October 1954, p. 1382)...

“Furthermore, in accordance with Article 104 of the International Sanitary Regulations, and pursuant to the recommendation of the Committee on International Quarantine... measures are being enforced for the purpose of facilitating international air traffic in accordance with the provisions of the International Sanitary Regulations and of the Convention on International Civil Aviation.

“Finally, a direct transit area will be established at the most important of the international airports (Nouaceur), in liaison with the administrative authorities and the international navigation services.”

Netherlands (report dated 19 September 1955)

“Surinam

“In connexion with the incidence of yellow fever in Trinidad, the Public Health Department in Surinam issued the following requirements with regard to ships and aeroplanes coming from Trinidad, to take effect on and from 28 August 1954:

1. The passengers and crew of aeroplanes and ships are to be provided with certificates from which it appears that they were vaccinated against yellow fever at least 10 days and at most six years before.

2. Before entering a Surinam harbour all ships are to be sprayed with an insecticide.

3. All aeroplanes are to be sprayed with an insecticide (e.g., aerosol) just before leaving Trinidad—a certificate in proof of this should be produced—half an hour before and immediately after landing.

“After having been notified that Port-of-Spain had been declared free from yellow fever, the above measures were cancelled on and from 1 January 1955.

“Difficulties encountered in international traffic during the period under consideration.”

The last part of the report from the Netherlands mentions difficulties caused by negligence on the part of some countries in the inspection of ships and the issue of deratting certificates.

It also states that, although the majority of shipping companies have not encountered difficulties, some still report that bills of health or legalization fees for such documents are required by certain countries and consulates—a requirement incompatible with the provisions of the International Sanitary Regulations.

The matters reported were referred by the Director-General to the governments concerned, or to the WHO Regional Office for the Americas, for action.

New Zealand (report dated 27 July 1955)

“In general, no difficulties have been experienced in the application of the International Sanitary Regulations. There is, however, one matter arising from the application of the Regulations to which I would draw your attention.

“The New Zealand health authorities have observed that since the coming into force of the International Sanitary Regulations there has been little appreciable reduction in the number of requests received by port health officers for bills of health. From inquiries which have been made of shipping
companies and masters of ships proceeding overseas, it appears that officials in overseas ports ask for these documents and that in any case they serve some purpose in facilitating the entry of ships into overseas ports.

"In view of the many requests still made for the provision of bills of health, the New Zealand Government feels that Article 95 of the Regulations is not in all cases being observed. It would therefore suggest that Governments bound by the Regulations inform the World Health Organization whether their port officials have been requested not to demand bills of health.

"I should be grateful, therefore, if you would bring this matter to the attention of the Quarantine Committee."

**Norway (report dated 11 July 1955)**

The report mentions the conclusion on 19 March 1955 of an agreement under Article 104 of the Regulations, between Norway, Denmark and Sweden.1

**Portugal (report dated 30 November 1955) (translation from the Portuguese)**

"As in former years, the Technical Services for the Sanitary Protection of Ports and Frontiers have not met with major difficulties in applying the International Sanitary Regulations. We would, however, mention the following points.

"2. Infestation of ships

"The Port Health Services of Lisbon have continued the implementation of their rat control programme.

"Portuguese ships are regularly inspected every six months; additional inspections are carried out, and even deratting operations, whenever there is more than a negligible number of rats on board.

"The use of rat guards on hawsers, at present optional, is to be made compulsory, and in addition the Port of Lisbon Administration is using anticoagulants against rodents in warehouses.

"The Quarantine Services are continuing their investigations concerning the infestation of ships calling at the port of Lisbon, and especially Portuguese ships.

3 See p. 13.

"3. Control of Aedes aegypti

"On the basis of previous studies carried out during the spring and summer of 1955, the health administration carried out a large-scale campaign for the eradication of Aedes aegypti in the city of Lisbon and its surroundings, and at the present time the city itself and its port may be considered as free of these insects.

"At the same time, new investigations were commenced in the south of the country (Algarve) on the distribution of Culicidae in that zone, which is considered to be most receptive.

"In view of the eradication of Aedes aegypti in the Lisbon area, the Quarantine Service considers that it is possible to simplify considerably the measures applicable to passengers on aircraft proceeding from yellow-fever endemic zones.

"4. Sanitary documents

"(a) Bills of health. There has been a marked drop in the number of bills of health asked for by captains of ships proceeding to countries where they are still required.

"(b) Maritime Declaration of Health. Although the Maritime Declaration of Health is more frequently presented, the absence of this is still quite frequent and this delays the formalities on the arrival of ships. Some captains fail more than once to comply with this requirement on the pretext that the Maritime Declaration of Health is not required in other ports.

"(c) Certificates of vaccination against smallpox and yellow fever. Various types of certificates of vaccination against smallpox and yellow fever continue to be presented by quite a number of passengers from South America.

"The disadvantages of the differences in types of certificate would be less if they at least contained the indications included in the international model. As far as the certificate of vaccination against yellow fever is concerned, for example, the vaccination centres have not always been notified to the World Health Organization and do not appear in its publications.

"Health certificates giving very incomplete information with regard to the vaccinations performed are also presented.

"Sometimes the certificates carry a consular visa, which certainly means that consular fees have been paid. There is no provision in the International Sanitary Regulations requiring such consular visas, and this constitutes an additional and useless formality, particularly as the certificates in question are
sometimes incomplete and not in conformity with the Regulations."

**Saudi Arabia** (report dated 4 June 1955)

The report states that, owing to the special efforts exerted by His Majesty's Government in providing health security, no difficulties were encountered in applying the new sanitary regulations, except the following:

The non-existence, in the Regulations, of provisions for penalties on pilgrim ships (as provided for in Articles 152 and 159 of the 1926 International Sanitary Convention) causes great inconvenience to the work of the Quarantine Department which has to accept infringements as established facts, and it is suggested that the penalties specified in the 1926 Convention be reinstated.

**Spain** (report dated 27 July 1955) *(translation from the Spanish)*

"The following cases of quarantinable diseases were reported in ports and airports:

- **Cholera, plague and yellow fever**: None.
- **Smallpox**: None in the metropolitan territory. The ship *Franca C*, from La Guaira, arrived at Tenerife with a case of modified smallpox on board; the patient continued his journey to Italy. All passengers disembarking at Tenerife were vaccinated and subjected to surveillance. The World Health Organization and the Italian health administration were informed by cable. No case of smallpox occurred among the passengers who disembarked at Tenerife.
- **Relapsing fever** *(louse borne)*: None.
- **The cases which occurred in Spain were of the Hispano-African type transmitted by ticks.
- **Typhus**: One case occurred on 1 August 1954 in the Province of Murcia. The patient was isolated, contacts were vaccinated and all suspects were disinfected. Another case was reported on 16 October 1954, in Grenada, where the above measures were also applied. In each case, there was no spread of the infection."

**Switzerland** (report dated 11 August 1955) *(translation from the French)*

"We give hereunder the text of Article 2 of an arrangement, signed on 20 July 1954, between the Swiss Confederation, represented by our Service, and the Canton of Geneva, represented by the cantonal Council of State, concerning the activities of the frontier health service at Geneva-Cointrin airport:

On the instructions of the Federal Department of Public Health, the State of Geneva shall take all necessary measures to establish a "direct transit area", under the terms of Article 1 of the International Sanitary Regulations of 25 May 1951, so that traffic in transit at Geneva-Cointrin airport may conform to the provisions of the said Regulations (particularly Articles 18 and 34 (b))."

"This arrangement became effective on 1 August 1954.

"In our report of 1954 we mentioned the conclusion of a similar arrangement between the Swiss Confederation and the Canton of Zurich as regards Zurich airport, and that both Zurich and Geneva-Cointrin airports could be considered as sanitary airports."

**Tunisia** (report dated 29 October 1955) *(translation from the French)*

"**Quarantinable diseases**

"No case of quarantinable disease due to or carried by international traffic was reported during the period under consideration.

"However, in agreement with the various comments made by members of its delegations at recent World Health Assemblies and at meetings of the Regional Committee for Europe, Tunisia is of opinion that the various formalities in connexion with international air traffic and the number of facilities granted in connexion with control, customs and health measures at the air frontiers render the real value of the International Sanitary Regulations in this field more and more illusory.

"**Quarantine sanitary organization in Tunisia**

"The sole international airport in Tunisia (Tunis-El Aouina) designated as a sanitary airport with a direct transit area fulfils the conditions laid down in Article 19 of the Regulations.

"The port of Bizerta has at its disposal most of the facilities referred to in Article 17.

"Plans for the ports of Tunis-Goulette and Sousse are being studied together with a plan for a sanitary control post on the Libyan/Tunisian frontier.

"The difficulties encountered in applying the Regulations were due mostly to the lack of transport facilities (motor launches) of the Tunisian Health Services in certain large ports dealing with international traffic (Tunis-Goulette in particular).

"Although the majority of the ports handling international traffic satisfy most of the requirements
of the Regulations, for budgetary reasons a number of provisions have not yet been complied with:

(a) adequate organization and equipment in all ports and airports for the application of the measures provided for in the Regulations (Article 14);
(b) adequate staff, equipment and premises (Article 15).

"Notifications and epidemiological information"

"It is to be noted that the Weekly Epidemiological Record very often mentions cases of quarantinable diseases in towns in the vicinity of ports or airports, which are, in reality, hospital cases or cases that have been evacuated from health units in the interior of the country.

"As the various health authorities, Tunisian in particular, base themselves strictly on cases notified in the above-mentioned weekly bulletin in regard to the application of the measures required by the Regulations, it frequently happens that sanitary measures are put into operation which are excessive in proportion to the risk of importation of quarantinable diseases.

"CODEPID"

"It is to be noted that CODEPID, in spite of its very wide distribution, is not very much used and that many health administrations and port and airport health services communicate with each other without using CODEPID.

"The geographical index to CODEPID which was to be distributed early in 1955 has not yet been received by the Tunisian authorities.

"Sanitary charges"

"Tunisia has completely suppressed fees in connexion with the medical inspection of ships and aircraft, which were formerly charged against the shipping company.

"Sanitary documents"

"In accordance with the provisions of Article 98, paragraph 1, Tunisia uses an international certificate of vaccination printed in French and English, with a translation in Arabic.

"It is pointed out that many countries do not systematically use the international certificates of vaccination and that certificates which are badly arranged, badly drawn up or printed in a language other than English or French make control on arrival a long, arduous and frequently impossible task.

"Annex A to the International Sanitary Regulations"

"Article A 1. In support of observations previously submitted by Tunisia and a number of other countries affected by the Mecca pilgrimage, there is no doubt whatever about the desirability of having an identity photograph in the vaccination certificate booklet.

"For a number of years the Tunisian health authorities have adopted the procedure of having a photograph on the inner cover of the booklet containing the international certificates of vaccination. It appears that the cover of the vaccination certificate booklet is not subject to any provisions of the International Sanitary Regulations; there can be therefore no objection to this practice, the excellent results of which are shown by the increased rapidity and facility of control operations.

"Annex B to the International Sanitary Regulations"

"Tunisia stresses the necessity of establishing standards of hygiene for pilgrim transport other than ships or aircraft. In this connexion, it seems to Tunisia that bilateral and multilateral arrangements between countries, as proposed by the Committee on International Quarantine, are difficult to apply and are liable to create an enormous variety of practice. Although the Committee may not be prepared to draft additional regulations, it does at least appear to be the only body entitled and qualified to make a complete study of this question and to propose a series of minimum standards likely to be acceptable, for subsequent application by bilateral or multilateral arrangements."

United States of America (report dated 15 September 1955)

"The application of the International Sanitary Regulations was facilitated by the new Foreign Quarantine Regulations of the United States embodying the provisions of the International Sanitary Regulations, which became effective on 10 January 1955. . . No major difficulties have been encountered in the application of the International Sanitary Regulations. However, certain observations may be of interest to the Committee on International Quarantine and could lead to improvement in the application of these Regulations.

"The Government of the United States has pointed out in previous reports that the six-month limit of validity for deratting and deratting exemption certificates is unrealistic. Careful rat inspections of vessels arriving in our ports have confirmed previous findings that the great majority of ships nowadays remain free from rats as a result of rat-
proofing and vigilance by quarantine authorities as well as on the part of master and crews. On the other hand, ships which become rat infested at all usually will have rats well before the six months are up. During the year ended 30 June 1955, the US Quarantine Stations found 528 rat-infested ships possessing an unexpired certificate, as against 72 infested ships whose certificate had expired. The proportion of more than seven unexpired to one expired certificate presented by rat-infested ships is significant.

"There were somewhat fewer rat-infested ships in 1954-55 with a usually slighter infestation than was found the previous year. There is substantial evidence, therefore, that progress in rat control on ships continues steadily. Permanent rat-control programmes exist in all our major ports, and rat guards and other measures to prevent the movement of rats between ships and shore are in use. Only sixteen ships were fumigated while poisoning with 1080 or trapping was used in other ships as needed.

"The most common difficulty encountered in the application of the International Sanitary Regulations is the failure of a large number of physicians to employ the standard international smallpox vaccination certificate when vaccinating persons for international travel. Local vaccination forms as well as statements on physicians' letterhead stationery, typewritten and handwritten, often illegible, in numerous languages, are constantly presented on arrival in our ports, and the difficulty is getting worse instead of better. In New York seaport alone 586 irregular certificates were picked up in June 1955 and 1132 in July. It is obvious that such papers cannot be honoured when there exists a possibility of exposure to smallpox and, at any rate, they are always time-consuming for the inspecting personnel.

"The way to improvement in the use of the international certificate would seem to be through publicity aimed at travel agencies, air and shipping lines, physicians and the travelling public as well as by the establishment of better facilities for the distribution of the forms. Our own endeavours have been along these lines. Some countries seem to have succeeded better than others in the distribution of the certificate, and perhaps something could be learned from those which have been most successful. The Committee on International Quarantine may wish to consider this problem.

"The United States has previously pointed out the insistence of the consuls of several countries of the Western hemisphere in demanding bills of health (port health statements) for ships departing for their countries in spite of the fact that the requirement of these declarations is prohibited under Article 95 of the International Sanitary Regulations. Such declarations are not authorized under the new Foreign Quarantine Regulations of the United States and have not been issued by the US Public Health Service since these Regulations went into effect.

"Measures taken by the United States in regard to areas infected with yellow fever have been notified to WHO. It has been possible for several countries now included in the yellow-fever endemic zone of the International Sanitary Regulations, notably in regard to Brazil, to exact less than the maximum measures. However, the United States has found itself, as in previous years, at a disadvantage in regard to the yellow-fever outbreaks in Central America as yellow-fever vaccination certificates could not be required, nor could other measures be taken under the International Sanitary Regulations. It is expected that similar situations will be prevented after 1 October 1956, by the amendments of the yellow-fever clauses of the International Sanitary Regulations voted by the Eighth World Health Assembly which make any local area infected when yellow fever is present among men or monkeys.

"The Division of Foreign Quarantine was informed by the laboratory of the Communicable Disease Center of the Public Health Service at San Francisco on 16 November 1954, that fleas from a rat caught in a residential area of Tacoma, State of Washington, were found positive for plague. The appropriate notifications were at once sent to the Pan American Sanitary Bureau and to the World Health Organization. Orders were also issued to all ports in the United States that ships from Tacoma should observe the regulation precautions designed to prevent rats from passing from ship to shore. Assistance was given in the intensive rat control campaign instituted by city and state health authorities. No other plague infection was ever found either in Tacoma or in its vicinity. Tacoma was, therefore, declared free from plague on 20 January 1955. This declaration was not issued until three months (instead of one month as specified in the International Sanitary Regulations) after the finding of the original infection in order to be quite sure that the city was clean from plague."
Venezuela (report dated 22 August 1955)

The figures relating to the occurrence of quarantinable diseases in the country are as follows:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jungle yellow fever</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Smallpox (alastrim)</td>
<td>6*</td>
<td>1</td>
</tr>
</tbody>
</table>

* Possible source of infection for one of the cases: Bucaramanga, Colombia.

Viet Nam (report dated 30 July 1955) (translation from the French)

"Sanitary control in the ports and airports of Viet Nam is the responsibility of the chief medical officers of the municipal and provincial health organizations, assisted by technical personnel selected from the hygiene and medical services. This staff, provided with adequate material, is under the control of the regional directors of health who send regular monthly sanitary information bulletins, and telegrams notifying any quarantinable diseases, to the Ministry of Health.

"In order to emphasize the importance of these activities, our Department has prepared a draft Order creating a National Sanitary Control Service. This draft Order, submitted for the consideration of the National Health Council which met in Saigon from 28 February to 2 March 1955, will come into force after approval by the head of the Government. The chief of the National Sanitary Control Service will be directly responsible to the Ministry of Health and will be required to make reports for the purpose of communicating to the World Health Organization's centralizing services in Geneva and Singapore bulletins giving sanitary information with regard to quarantinable and other communicable diseases observed in our local areas. It also makes declarations concerning contamination of foreign ports and airports situated along maritime and air routes of interest to Viet Nam.

"In short, the sanitary inspection services in our ports and airports have functioned in a normal manner. It should be noted that since May 1955 the activities of the above-mentioned services have been limited to ports and airports south of the 17th parallel."

Yugoslavia (report dated 17 November 1955)

"The appropriate authorities of the Naval administrations of some countries signatories of the International Sanitary Regulations have not yet established the necessary regulations pursuant to Article 96 of the International Sanitary Regulations, and therefore it often occurs that ships bearing certain flags, on arrival at ports, do not submit their Sanitary Declaration but still use the Health List which is not obligatory any more."

3. WORKING OF THE REGULATIONS AS REPORTED BY OTHER ORGANIZATIONS

International Civil Aviation Organization (comments submitted in a letter dated 21 July 1955)

"We have noted with interest the publication in the WHO Weekly Epidemiological Record of the lists of sanitary airports, and airports provided with direct transit areas according to Article 21.1 of the International Sanitary Regulations. We are somewhat surprised that a number of airports in which quite
efficient transit arrangements are in operation have been notified to you as not provided with direct transit areas, e.g. Amsterdam-Schiphol, and Copenhagen-Kastrup. This type of notification creates confusion when circulated because under the ICAO terminology a direct transit area (see Annex 9 to the Convention on International Civil Aviation, Definitions and para. 5.3) refers not only to public health arrangements, but to customs, immigration and similar arrangements. You appreciate that direct transit arrangements or a direct transit area can be improvised with rather simple means as long as transit passengers and crew remain under supervision of, inter alia, health authorities; any premises that can be reserved to accommodate transit traffic might be used to that effect (cf. discussion on this point by the Quarantine Committee at its first session, Official Records of WHO No. 56, p. 54). Although the passenger in transit at an airport not provided with a declared direct transit area is still covered under the provisions of Article 34, the specific declaration of ‘non-existence of direct transit arrangements pursuant to Article 21 of the International Sanitary Regulations’, can be misunderstood and possibly cause the unjustified application of sanitary measures at subsequent stages of a flight to persons coming from airports notified as not being provided with direct transit areas. It is suggested that circularization might better be limited to ‘declarations of existence’ and ‘withdrawals from existence’.

‘It is important that air traffic be informed in advance as to the sanitary requirements which exist for aircraft, passengers and crews in other States, and it is appreciated that the periodic publication in the Weekly Epidemiological Record of vaccination requirements is a great improvement for making these measures generally known. We would like to draw attention of the Committee on International Quarantine that in some cases certain requirements, as published, do appear to us as being quite severe if not excessive, particularly as regards traffic having merely been in transit through certain airports (for example, requirements by French Equatorial Africa, Bahamas, Barbados, Bechuanaland, Burma, Ethiopia, Mauritius, Madagascar, Philippines, Portugal, French Somaliland, Tanganyika, Trinidad and Tobago, Tunisia, Zanzibar). Other States of course had submitted reservations on this point. It is noted also that health certificates from tourists are required in certain cases (e.g. Brazil, Bolivia, Honduras, Paraguay, Peru), which would appear to be in excess of the documents permitted under the International Sanitary Regulations.

“As regards the amendments of the yellow-fever provisions recently adopted by the Eighth World Health Assembly, we hope that the expanded concept concerning yellow-fever infected areas (e.g., the inclusion also of areas where the activity of yellow-fever virus is found in vertebrates other than man) will not in fact result in the application of sanitary measures in unjustified cases. However, the main problem will be solved for international traffic only when (a) all countries agree that precisely the same areas are to be considered infected, (b) geographical delineation of these changing areas is promptly publicized and kept up to date so as to enable air traffic to take the adequate measures (vaccination, disinsecting etc.) before departure, and (c) no sanitary measures are applied by any health administration to arrivals from the non-infected areas.

“Apart from these considerations, we are pleased to indicate that no serious difficulties have been referred to us as regards the functioning of the International Sanitary Regulations, during the 1954/55 period except some minor incidents, that might occur in the application of any international regulations. We should like nevertheless to express the view, and the Fourth Session of the Facilitation Division may well confirm this, that there is still considerable room for improving facilitation and for reducing further delays caused by the application of sanitary measures to international air transport. Particularly we should like to point out that as air traffic volume steadily increases and efforts continue to shorten over-all travel time, any delays caused by unnecessary measures take on increasing significance; furthermore, where the airspace is crowded around airports and the traffic control capacities are limited, any delay on an established flight schedule can have a direct bearing on flight safety.”

International Air Transport Association (comments from the Chairman of the Medical Committee: submitted on 25 May and 10 June 1955)

1. Validation of international certificates of vaccination

“Cases had been noted where such certificates had been signed by persons other than registered medical practitioners, and it was felt that such a practice, if allowed to spread, might have detri-
mental results. It was recognized, however, that it would be impracticable for vaccinations to be given exclusively by doctors. To allow for vaccinations to be performed by nurses or selected technicians (e.g., pharmacists), but at the same time to ensure adequate control, the Committee felt that it should be clearly laid down in the International Sanitary Regulations that only registered medical practitioners should sign such certificates of vaccination and, where applicable, authenticate them.

2. Technique of vaccination against smallpox

The Committee considered that it was desirable to have more information on the relative merits of the two vaccination techniques—the multi-pressure and the scarification. The Committee also felt that it was desirable to establish a specific standard for the potency of the lymph employed in vaccination.

3. Manual on Hygiene and Sanitation of Airports

In view of the fact that members of the IATA Medical Committee had wide experience of the hygiene and sanitation as practised at airports, it was felt that the Committee as a whole could give valuable advice on this subject. It is, therefore, requested that the IATA Medical Committee be afforded the opportunity of seeing this Manual in draft form before finalization.

4. Reporting of illnesses suspected of being of an infectious nature, in relation to Article 97 of the Regulations

In certain countries difficulties are being experienced in connexion with reporting of illnesses suspected of being of an infectious nature in relation to Article 97 of the International Sanitary Regulations.

In this connexion, a Working Party of the Facilitation Advisory Group of IATA held a meeting in New Delhi in November, 1954, and as a result have formulated the following recommendations.

It is felt that you would like to see the suggestions made at this stage, as, if anything could be done, there seems no reason to await a combined recommendation coming in from IATA and ICAO, which will only cause further delay.

If the phrase used in the last paragraph of the Working Party's report were to be adopted, then the word 'surgeon' should read 'doctor' and the word 'Master' should read 'Captain'.

Extract from the Report of the Working Party

"Certain IATA members had indicated that the Health Authorities in some countries were insisting that the airlines report, by means of the General Declaration, illnesses suspected of being of an infectious nature for the entire flight rather than for those sectors on which an illness occurred.

"After some discussion, it was agreed that the health authorities at each port of call definitely wanted to be advised of any illness that had been reported on the entire journey unless a health authority along the route had determined that a reported illness was no longer suspected of being of an infectious nature.

"However, it was the Working Party's opinion that the airlines were only responsible for reporting by means of the General Declaration illnesses suspected of being of an infectious nature in flight. If the health authority at the next station continued to suspect the aircraft or its passengers, it would record the circumstances on the General Declaration in accordance with Part IV, Chapter II, paragraph 3 of Article 30 of the International Sanitary Regulations.

"The Working Party, therefore, recommended that IATA and ICAO should advise WHO at the first opportunity of our understanding in this matter in order to forestall the introduction of any new measures or forms. It considered that the present measures were satisfactory if the health authorities at each location observed Part IV, Chapter II, paragraph 3 of Article 30 of the International Sanitary Regulations.

"The Working Party was of the opinion that IATA members were frequently reporting illnesses of no significance. It therefore suggested that the following information should be circulated in the IATA FAL Policy Manual for the information and guidance of all concerned. This information was taken from the Maritime Declaration of Health and was for use by Masters of Vessels in determining which illnesses to report when there was no surgeon on board.

'In the absence of a surgeon, the Master should regard the following symptoms as ground for suspecting the existence of disease of an infectious nature: fever accompanied by prostration or persisting for several days, or attended with glandular swelling; or any acute skin rash or eruption with or without fever; severe diarrhoea with symptoms of collapse; jaundice accompanied by fever.'"
PART II
THIRD REPORT OF THE COMMITTEE ON INTERNATIONAL QUARANTINE

[WHO/IQ/39 — 24 March 1956]

Composition of the Committee

The Committee on International Quarantine held its third session in the Palais des Nations, Geneva, from 19 to 24 March 1956.

The following attended:

Members

Dr M. Jafar, Director-General of Health and Joint Secretary, Ministry of Health, Karachi, Pakistan

Dr J. D. MacCormack, Deputy Chief Medical Adviser, Department of Health, Dublin, Ireland

Dr F. S. Maclean, Director, Division of Public Hygiene, Department of Health, Wellington, New Zealand

Mr P. de la Pradelle, Professor of Public International Law, University of Aix-Marseilles, France

Dr C. B. Spencer, Chief, Division of Foreign Quarantine, Public Health Service, Department of Health, Education and Welfare, Washington, United States of America

Dr O. Vargas-Méndez, Director-General of Health, San José, Costa Rica

Observer

INTERNATIONAL CIVIL AVIATION ORGANIZATION

Dr F. E. de Tavel, Medical Adviser

Secretariat

Dr R. I. Hood, Chief, Section of International Quarantine, Secretary

Dr Y. Biraud, Director, Division of Epidemiological and Health Statistical Services

Mr F. Gutteridge, Legal Office

Dr A. N. Bica, Chief, Branch of Communicable Diseases, WHO Regional Office for the Americas

Dr W. Omar, Chief, Epidemiological Section, WHO Regional Office for the Eastern Mediterranean

Dr W. W. Yung, Director, WHO Epidemiological Intelligence Station, Singapore

A second member of the Expert Panel on International Quarantine from a yellow-fever receptive area had been invited but unfortunately notified his inability to attend at too late a date for a replacement to be made.

The Committee met on the morning of 19 March. Dr F. S. Maclean was unanimously elected Chairman and Dr C. B. Spencer Vice-Chairman.

The provisional agenda was approved.

The Committee prepared and approved the following report.

1. THIRD ANNUAL REPORT OF THE DIRECTOR-GENERAL ON THE WORKING OF THE INTERNATIONAL SANITARY REGULATIONS

The Committee considered the third report by the Director-General on the working of the International Sanitary Regulations during the period 1 July 1954—30 June 1955 (see Part I) and made the following comments and recommendations.

1.1 WORKING OF THE REGULATIONS AS SEEN BY THE ORGANIZATION

Article 1: Aëdes aegypti Index

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1. The Committee considered that on the information available it was not able to make a decision on the frequency and method of sampling to be used in determining the Aëdes aegypti index.

The Committee requested the Director-General to study the matter further and to submit additional information.

1 Off. Rec. Wld Hlth Org. 64, 68, 71
Article 7
2. The Committee, noting that Article 7, which is of a general nature, was not in conflict with other provisions of the International Sanitary Regulations, 1951, as amended by the Additional Regulations of 26 May 1955, recommended that the article be retained in its present form.

Appendix 2: Anticholera Vaccination of Pilgrims
3. The Committee reaffirmed the opinion expressed in its first report in respect of anticholera vaccination of pilgrims. The Committee suggested that interested countries might wish to have this matter discussed at the Ninth World Health Assembly and that a meeting of their delegates be convened.

Article 61, paragraph 2: International Standardization of Anticholera Vaccines
4. The Committee stressed the need for international standardization of anticholera vaccines and expressed the wish that the Expert Committee on Biological Standardization and other experts concerned would continue to study the matter.

Article 1: Local Area and Direct Transit Area
5. The Committee was of the opinion that a direct transit area could be established in an airport which was not a sanitary airport and consequently there is no need to change paragraph (b) of the definition of local area.

The Committee also noted the fact that twenty-four countries had notified the Organization of the provision of thirty-six direct transit areas at their airports. It also felt that complete information regarding the fulfilment of the necessary conditions laid down in the definition of a direct transit area was not available in each case, and in consequence the Director-General was requested to inquire of countries designating direct transit areas whether they fulfil the requirements concerning segregation and medical supervision laid down in the definition of direct transit areas. The provision of a sketch plan of the general lay-out of the direct transit area would be of value.

Articles 2 to 13: Notification of Epidemiological Information
6. The Committee noted that when epidemiological information concerning a country not sending such information to the Organization came to the knowledge of the Organization through another health administration such indirect information was utilized only to inquire directly of the country concerned.

Articles 19 and 21: Sanitary Airports
7. The Committee noted that the Organization has published notifications of sanitary airports when the facilities for vaccination against yellow fever were available to the airport although not existing within it.

The Committee was in agreement with this practice.

Article 20: Elimination of Mosquitos from Airports
8. The Committee noted that in Article 20 as amended by the Additional Regulations the phrase "within a protective area extending for a distance of 400 metres around that perimeter" had been omitted.

The Committee was of the opinion that to keep the area within the perimeter of an airport free from Aedes aegypti in its larval and adult stages as required by paragraph 1 of Article 20, as amended, it is necessary to maintain active antimosquito measures within a protective area extending for a distance of at least 400 metres around that perimeter.

Application of the Regulations to Diseases other than the Quarantinable Diseases
9. The Committee reaffirmed the decision reached at its second session that it could not at this stage make recommendations concerning the application of the Regulations to diseases other than the quarantinable diseases. The Committee noted that during 1956 various expert groups will be studying the subject of international protection from malaria and considered that the matter might be further dealt with in the light of reports received from these groups.

Vaccination Requirements for Travellers
10. The Committee, noting that some carriers before issuing tickets to intending travellers demanded vaccination certificates in excess of those required, stressed the need for close co-operation in this matter between carriers and health administrations, and the desirability of such carriers being kept advised by health administrations of the true requirements.

1 Off. Rec. Wld Hth Org. 64, 69
2 Later referred to as the Regulations
3 Off. Rec. Wld Hth Org. 64, 35
4 Off. Rec. Wld Hth Org. 56, 49
5 Off. Rec. Wld Hth Org. 64, 35
6 Off. Rec. Wld Hth Org. 56, 55
7 Off. Rec. Wld Hth Org. 56, 56; 64, 33
Stamping of International Certificates of Vaccination

11. The Committee noted that vaccination certificates presented to health authorities on arrival were often stamped, and strongly recommended discontinuance of this practice, which may make certificates illegible.

Article 25: Disinfection

12. The Committee considered that there was insufficient information available on which to make recommendations concerning disinfection methods. It further noted that the matter was being studied by the Director-General and by expert committees of the Organization.

Article 52: Deratting of Ships

13. While expressing a preference for sulfur-dioxide or hydrocyanic acid as fumigation agents in deratting of ships, the Committee considered that deratting certificates should be held to be valid irrespective of the agent used, provided it is of recognized effectiveness and inspection of the ship after deratting shows it to be free from rats.

Notifications of Typhus and Relapsing Fever

14. The Committee recommended that countries, in notifying to the Organization cases of typhus or relapsing fever, should, as far as possible, indicate whether or not such diseases were louse-borne.

Article 100: Sanitary Documents

15. The Committee strongly reiterated its view that under the Regulations no health certificate may be required from persons on an international voyage. In the case of travellers who, though not immigrants, are nevertheless intending to reside in a country for a protracted period (such as students), the Committee considered that the provision of a health certificate should preferably be a condition of the granting of the visa rather than be required as a travel document on arrival.

Article 101: Sanitary Charges

16. The Committee noted that some countries continue to levy charges for measures referred to in paragraph 1 of Article 101 when such measures are effected outside normal working hours. The Committee reaffirmed the opinion expressed in its first report and requested the Director-General to obtain precise information from governments on the fees, if any, charged for medical examinations made outside normal working hours, and to draw the attention of governments to any charges which seemed to exceed the provisions of the Regulations.

17. The Committee noted an instance in which a State had imposed a fine on a ship which did not, on arrival, hoist the yellow flag, letter Q, which in the International Code of Signals means: "My vessel is healthy and I request free pratique". The Committee was of the opinion that such fines or any other charges not covered by the Regulations, such as port dues, are matters of maritime practice and the Regulations are not applicable.

18. However, the Committee was of the opinion that the levying of a charge for the transmission of a quarantine message by radio which exceeds the normal charge for transmission of radio messages is not compatible with Article 101 of the Regulations.

Appendix 3: Yellow-Fever Vaccination Centres

19. In respect of Appendix 3, the Committee noted that a government had designated the medical services on board thirty-four of its merchant ships as approved centres for the issuance of international certificates of vaccination against yellow fever. The Committee was of the opinion that such centres would not comply with the requirements set out in Appendix 3, as they would not be situated at all times in the territory of the State designating them nor under the direct supervision of the health administration.

1.2 WORKING OF THE REGULATIONS AS REPORTED BY MEMBER STATES

Belgium

Appendix 6: Aircraft General Declaration

20. The Government of Belgium suggested that the wording of paragraph (a) in Appendix 6 (health part of the Aircraft General Declaration) should be modified to coincide with that of paragraph 4 of the Maritime Declaration of Health. The Committee reaffirmed the opinion expressed in its first report that a report should be made on all persons on board known to be suffering from any illness other than airsickness or the effects of accidents.

Egypt

Article 1: Identification of a Local Area

21. The Committee noted that the CODEPID Map Supplement provides the basic document for the
The WHO Weekly Epidemiological Record, in reporting epidemiological information received, specifies not only the small area reported, but also the next larger area (country or province) concerned, so that reference to the CODEPID Map Supplement will indicate the site of the local area involved. The Committee considered that the work of the Organization would be assisted if countries could indicate what areas they have designated as local areas.

**Article 1: Smallpox**

22. In the opinion of the Committee smallpox includes variola major and variola minor (alastrim), and the provisions of the Regulations apply equally to variola major and variola minor.

**Article 6: Freedom from Infection of a Local Area**

23. The Committee considered that the period of time equal to twice the incubation period of the disease as stated in sub-paragraph 2(a), of Article 6, is the minimum permissible period and that the health administration of the territory in which the infected local area is situated could increase the period of time as it considered necessary.

**Mexico**

**Article 104: Exchange of Epidemiological Information**

24. The Committee endorsed the view that rapid and direct exchange of epidemiological information between neighbouring countries or among several countries in the same geographical area serves a most useful purpose.

**New Zealand**

**Bills of Health**

25. The Committee recommended continuance of the practice of the Organization when this matter is brought to its attention of inquiring of governments whether bills of health are still required.

The Committee noted with satisfaction that requests for bills of health are decreasing.

**Saudi Arabia**

**Penalties**

26. The Committee expressed the opinion that penalties are a matter of internal concern to countries, but pointed out that national laws which imposed penalties should not be in conflict with the provisions of the Regulations.

**Tunisia**

**Article 3: Notifications and Epidemiological Information**

27. The Committee considered that when a case of quarantinable disease is hospitalized in an area other than the actual infected local area, health administrations should report sufficient details of the case so that the Organization can correctly indicate the infected local area involved and also whether the area of hospitalization is an infected local area. The Director-General was requested to take appropriate steps to bring this matter to the attention of governments.

**Annex B: Standards of Hygiene for Pilgrim Transport other than Ships or Aircraft**

28. The Committee recognized that Annex B of the Regulations contains no provisions for setting standards of hygiene for pilgrim transport other than ships or aircraft, and noted that a minority of pilgrims travel by road transport, and that this problem is of concern to a few countries only. As indicated in its second report, the Committee considered that the Regulations are not appropriate for establishing such standards of hygiene, which could best be set out in local regulations or in bilateral or multilateral agreements between the countries concerned.

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1.3 POSITION OF STATES AND TERRITORIES UNDER THE INTERNATIONAL SANITARY REGULATIONS, 1951, AND THE ADDITIONAL REGULATIONS, 1955

29. The Committee noted the statement showing the position on 19 March 1956 of States and territories under the International Sanitary Regulations, 1951, and under the Additional Regulations, 1955.²

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¹ Off. Rec. Wld Hlth Org. 64, 35
² Not reproduced in this volume. For the position at 21 May 1956, see p. 77.
2. RESERVATIONS TO THE ADDITIONAL REGULATIONS, 1955

30. The Committee considered the general legal position which would arise where a State:

(a) had rejected the Additional Regulations of 26 May 1955, or
(b) had formulated reservations to these Additional Regulations which subsequently were not accepted by the Health Assembly and were not then withdrawn.

Under Article IV of the Additional Regulations it is provided that certain final clauses of the International Sanitary Regulations will apply to the Additional Regulations. These clauses include paragraphs 1, 2 and 5 of Article 107.

Thus the procedure for the consideration of reservations to the Additional Regulations is substantially the same as for the International Sanitary Regulations themselves.

Therefore, the Committee took the view that the position as regards the two categories of States mentioned above would be as follows:

States which have rejected the Additional Regulations or which have formulated reservations thereto which are not accepted by the Health Assembly and which are not withdrawn will remain bound by the International Sanitary Regulations as unamended. Any reservations which such States had previously formulated to the International Sanitary Regulations and which were accepted under Article 107 will also remain in effect.

The legal relations between such States and States which have become bound by the Additional Regulations will also be regulated by the International Sanitary Regulations, as unamended.

It remains understood that where a State has formulated reservations to the Additional Regulations and such reservations are accepted by the Health Assembly, that State will then be bound, upon the entry-into-force of the Additional Regulations, by the amended clauses, subject to the terms of its reservations.

CONSIDERATION OF COMMUNICATIONS RECEIVED FROM GOVERNMENTS

AUSTRALIA

Letter, dated 1 August 1955, from the Department of External Affairs, received 9 August 1955

I have the honour to refer to your letter i4/439/2 of 18 June 1955, concerning Additional Regulations amending the International Sanitary Regulations (WHO Regulations No. 2).

As you are aware the Commonwealth of Australia (and its Territories) does not adhere to the International Sanitary Regulations and therefore there is no question that it should adhere to the Additional Regulations. However, even if the Commonwealth should adhere at some future time to the present International Sanitary Regulations, it would find it necessary to reject or express reservations concerning all the Additional Regulations proposed in your letter of 18 June 1955, as they are not considered to protect sufficiently the Commonwealth and its Territories against the possible importation of yellow fever.

Observations and Recommendations of the Quarantine Committee

The Committee noted the statement made by the Government of Australia.

Australia and its territories not being party to the International Sanitary Regulations, no formal action by the Health Assembly is required.

CEYLON

Letter, dated 14 March 1956, from the Permanent Secretary, Ministry of External Affairs, received 19 March 1956

With reference to your letter i4/439/2 dated 18 June 1955, ... I have the honour to inform you that the Government of Ceylon hereby accepts the text of the Additional Regulations, subject to the following reservations:

Article 1 (Definitions)

The Government of Ceylon reserves the right to consider the whole territory of a country as an 'infected local area' whenever a case of yellow fever is reported from that country in terms of paragraphs (a) and (c) of the definition of 'infected local area' in the Additional Regulations.
Reasons: The acceptance of the definitions of infected local area in reference to yellow fever, along with the deletion of the term 'yellow-fever endemic zone' will mean that, under the Additional Regulations, it will not be permissible for a whole country to be declared infected. Such declaration will, therefore, be limited to a local area of a country in which a human case of yellow fever occurred, or where the virus is found in vertebrates other than man. The determination of the presence of the virus in animals, or transmission of yellow-fever infection from one local area where a human case has occurred, to another area is not an easy matter. Also it will be difficult to keep track of infected local areas as they are declared infected, or as they are declared free of infection. Further, there will be no knowing whether a person from a yellow-fever infected area is not one of the international passengers arriving in Ceylon from an airport situated outside such infected local area.

Article 6, sub-paragraph 2(b)

The Government of Ceylon reserves the right to regard an area as infected with yellow fever until there is definite evidence that yellow-fever infection has been completely eradicated from that area.

Reasons: Article 70, paragraph 2, of the existing International Sanitary Regulations states:

When a health administration declares to the Organization that, in a local area which is part of a yellow-fever endemic zone, the Aedes aegypti index has continuously remained for a period of one year below one per cent, the Organization shall, if it concurs, notify all health administrations that such local area has ceased to form part of the yellow-fever endemic zone.

It is observed that the above paragraph has been suppressed in the Additional Regulations. Therefore, when the Additional Regulations come into force, it is possible that the countries or areas which fall into the yellow-fever endemic zone may not be declared as infected local areas, or may subsequently be declared as free from infection after a period of three months has elapsed in terms of Article 6, paragraph 2, clauses (b) (i) and (ii). The periods now prescribed for determining freedom from yellow-fever infection are too short. Non-occurrence of cases among men or animals in a local infected area during the short periods prescribed in the Additional Regulations in Article 6, paragraph 2, clauses (b) (i) and (ii), will not be a guarantee that yellow-fever infection has disappeared from that area, or that it has not been transmitted to an adjoining area. The unpredictable behaviour of the virus of yellow fever is well brought out in the proceedings of the Yellow Fever Conference held in Washington on 21-22 December 1954, reprinted by the Pan American Sanitary Bureau in Scientific Publication No. 19 of October 1955. The information provided in this publication indicates that, year after year, yellow fever is a constant and continuous problem in various parts of Latin America. Secondly the possibility of a person getting out of a jungle area, leaving by plane and arriving at an airport in a receptive area within the incubation period, has always to be borne in mind.

Article 42

The Government of Ceylon reserves the right to disinsect on arrival an aircraft which on its flight over infected territory has landed at a sanitary airport which is not itself an infected local area, if an unprotected person from the surrounding infected local area has boarded the aircraft, and if the aircraft reaches Ceylon within a period during which such a person is likely to spread yellow-fever infection.

Reasons: Although a sanitary airport may be free from Aedes aegypti mosquitos, the possibility of an infected person from the surrounding endemic area boarding the plane and reaching Ceylon within the incubation period of the disease cannot be excluded.

Article 43

The Government of Ceylon reserves the right to treat the passengers and crew on board an aircraft landing in Ceylon in terms of Article 74, if the aircraft has been in transit through an airport situated in a yellow-fever infected local area and if that airport is not equipped with a direct transit area.

Reasons: Not all airports within yellow-fever infected areas are likely to possess direct transit areas, and hence this precaution is deemed necessary. India was granted a similar reservation to Article 43 in the existing International Sanitary Regulations.

Article 70

In view of the reservations asked for in regard to the definition of infected local area under Article 6, 2(b), it is not proposed to put forward any reservation to Article 70. If, however, the reservation under Article 6, 2(b) is not acceptable to the Organization, it is necessary to submit a reservation to the effect that Ceylon cannot accept Article 70 as amended in the Additional Regulations. The wording of Article
70 of the International Sanitary Regulations without amendment is acceptable to Ceylon.

Reasons: It is observed that the term yellow-fever endemic zone has been deleted in the Additional Regulations, and the declaration of an area as receptive is left (under the Additional Regulations) to the option of the countries concerned. The World Health Organization has no say in the matter and merely transmits the information to health administrations. Certain South American countries may declare portions of their territory as 'receptive', but from our point of view such portions may be 'infected' areas.

Articles 37, 74, 104 and Appendix 3

The Government of Ceylon requests the retention of the existing reservations under the above articles. These reservations were accepted by the World Health Organization when the International Sanitary Regulations came into force in respect of Ceylon on 22 October 1952.

Observations and Recommendations of the Quarantine Committee

Article 1 and Article 6, sub-paragraph 2(b)

In dealing with the reservations of the Government of Ceylon, the Committee took into consideration the highly receptive character of this country owing to the presence of potential vectors of the disease and of several species of vertebrate potential hosts other than man.

The Committee consequently recommends that reservations by the Government of Ceylon to these articles be accepted in the following terms:

Article 1 (Definition of an infected local area)

The Government of Ceylon reserves the right in special circumstances where it considers the risk of infection to be especially serious to consider the whole or part of a country as infected with yellow fever, for the purpose of measures to be taken by the Government of Ceylon in regard to arrivals in its territory, whenever yellow fever is reported from that country under sub-paragraph (a) or (c) of the definition of “infected local area” in Article 1.

In declaring to the Organization the area or areas to which the reservation would apply, the Government of Ceylon shall give motives underlying such a declaration and the reasons for urgency, in order to permit the Organization to notify all States accordingly.

Article 6, sub-paragraph 2(b)

The Government of Ceylon reserves the right in special circumstances and after giving the fullest consideration to the reasons under which an area has been declared free of yellow-fever infection under Article 6, to continue to regard that area as remaining infected.

Article 42

The Committee recommends to the Health Assembly that the reservation be accepted.

Article 43

The Committee recommends to the Health Assembly that the reservation be accepted.

Article 70

The Committee has recommended acceptance of the reservation of the Government of Ceylon in respect of Article 6, paragraph 2(b), and consequently considers that no formal action is necessary by the Health Assembly in respect to the statement on Article 70 made by the Government of Ceylon.

Should that Government desire, in the event of non-acceptance by the Health Assembly of the reservation to Article 6, paragraph 2(b), to be permitted to formulate a reservation to Article 70 in the sense that this article as a whole in its original form would continue to apply, while at the same time Ceylon would be bound by the remaining provisions of the Additional Regulations, then the Committee recommends that this reservation be not accepted. The co-existence in the relations between Ceylon and other States at one and the same time of the concept of yellow-fever endemic zones on the one hand, and yellow-fever infected local areas as defined in the Additional Regulations on the other, would be impossible of application and would therefore not be in keeping with the spirit and purpose of the Regulations.

Articles 37, 74 and 104, and Appendix 3

Pursuant to its consideration of the general legal position outlined earlier in this report, the Committee took the view that the existing reservations to these articles accepted by the Fifth World Health Assembly, would remain in effect. The Committee therefore decides that no formal action is required in this respect.

EGYPT

Letter, dated 26 November 1955, from the Under-Secretary of State for Foreign Affairs, received 5 December 1955

With reference to your letter No. i4/439/2 dated 18 June 1955 concerning the Additional Regulations amending the International Sanitary Regulations, I have the honour to submit the reservations made by the competent Egyptian authorities on this subject:
RESERVATIONS

The Egyptian Government reserves its rights not to accept the Additional Regulations of 26 May 1955 amending the International Sanitary Regulations (WHA8.36).

The Egyptian Government on the other hand accepts the amendments as submitted by the WHO Committee on International Quarantine in its report of its second session (WHO/IQ/25) Annex III.1

Taking into consideration that the Egyptian Government still considers as valid its preceding reservations to Articles 69, 70, A7, A11.

Observations and Recommendations of the Quarantine Committee

The Committee, having examined the statement made by the Government of Egypt, takes the view that this statement should be construed as a rejection of the Additional Regulations, and consequently points out that no formal action by the Health Assembly is required.

GREECE

Letter, dated 6 March 1956, from the Ministry of Foreign Affairs, received 14 March 1956 (translation from the French)

I have the honour to bring to your notice the following in connexion with the adherence of Greece to the Additional Regulations of 26 May 1955.

The competent authorities in Greece consider that, although the Aëdes aegypti density in Greece is very low, the resistance of these mosquitoes to insecticides noted in this country makes it necessary for us to consider Greece as a yellow-fever receptive area. In view of the development of air traffic between Greece and regions which are considered as extensive reservoirs of yellow fever, the Greek Government finds itself obliged, in the present circumstances, to make reservations with regard to the following provisions of the Additional Regulations of 26 May 1955 amending the International Sanitary Regulations.

1. The provision concerning the deletion, in Article 1, sub-paragraph (d) of the definition of “infected local area” as given in the 1951 Regulations.

2. The provision concerning the deletion of the definition of “endemic zone” (Article 1 of the 1951 Regulations).

3. The provision concerning the amendments to Articles 6 and 70 of the 1951 Regulations.

Consequently, the Greek Government reserves the right to impose on all persons arriving from yellow-fever endemic zones as provisionally delineated, the obligation to carry a certificate of vaccination against yellow fever, this obligation to continue until such time as WHO finds a way, by completing the provisions of the Additional Regulations, of guaranteeing receptive areas against the danger of yellow-fever infection. The Greek Government also reserves the right to subject to disinsecting any transport arriving from an endemic zone if it should deem such a measure to be necessary for the protection of Greek territory against yellow fever.

The Greek Government accepts without reservation the other provisions of the Additional Regulations.

Observations and Recommendations of the Quarantine Committee

The Committee noted that the density of Aëdes aegypti in Greece is very low, and recognizing the fact that there are no vertebrate hosts in Greece other than man, concluded that Greece could not be considered as highly receptive to yellow fever.

The Committee having considered the statement made by the Government of Greece concluded that the proposed reservations substantially detract from the character and purpose of the Additional Regulations.

The Committee accordingly recommends to the Health Assembly that this reservation be not accepted.

INDIA

Letter, dated 28 February 1956, from the Deputy Secretary to the Government, received 7 March 1956

With reference to your letter No. i4/439/2, dated 18 June 1955 ... I am hereby directed to notify the Director-General of the World Health Organization, the following reservations to the International Sanitary Regulations as amended by the Additional Regulations which were adopted by the Eighth World Health Assembly on 26 May 1955, which the Government of India has decided to make:

(1) In regard to the definition of the infected local areas in Article 1, the Government of India reserves the right to consider the whole territory of a country as “infected local area” whenever a case of yellow fever is reported from that country in terms of paragraphs (a) and (c) of the definition of “infected local area” in the Additional Regulations.

(2) In regard to paragraph 2, clause (b) of Article 6, the Government of India reserves the right to continue to regard an area as infected with yellow fever

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1 Off. Rec. Wld Hlth Org. 64, 41
until there is definite evidence that yellow-fever infection has been completely eradicated from that area.

(3) In regard to Article 42, the Government of India reserves the right immediately to disinsect on arrival an aircraft which on its voyage over infected territory has landed at a sanitary airport which is not itself an infected local area if an unprotected person from the surrounding infected local area has boarded the aircraft and if the aircraft reaches India within a period during which such a person is likely to spread yellow-fever infection.

(4) In regard to Article 43, the Government of India reserves the right to apply the terms of Article 74 to the passengers and crew on board an aircraft landing in the territory of India who have come in transit through an airport situated in a yellow-fever infected local area, not equipped with a direct transit area.

(5) In regard to Article 74, the Government of India reserves the right to increase the period of six days specified therein to nine days.

(6) In regard to Article 76, the Government of India reserves the right to increase the period of six days specified therein to nine days.

(7) In regard to Article 100, the Government of India reserves the right to require of persons on an international voyage arriving by air in its territory or landing there in transit but falling under the terms of paragraph 1 of Article 75 information on their movements during the last nine days prior to disembarkation.

(8) In regard to Appendix 3 relating to international certificate of vaccination or revaccination against yellow fever, the Government of India's reservations will be as follows:

"In the case of a person vaccinated in a yellow-fever infected area or of a person who has entered such an area within 10 days of vaccination, the period of 10 days referred to in second paragraph of the rules which appear on the certificate underneath the table shall be extended to 12 days."

(9) In regard to Appendix 6 relating to Health Part of the Aircraft General Declaration, the Government of India reserves the right to get included in the Health Part of the Aircraft General Declaration, information regarding details of movements of the aircraft subsequent to its last disinsection on land.

I am, therefore, to request that the above-mentioned reservations may kindly be placed for consideration before the World Health Assembly at its next meeting.

Observations and Recommendations of the Quarantine Committee

Article 1 and Article 6, sub-paragraph 2(b)

In dealing with the reservations of the Government of India, the Committee took into consideration the highly receptive character of this country owing to the presence of potential vectors of the disease and of several species of vertebrate potential hosts other than man.

The Committee consequently recommends that reservations by the Government of India to these articles be accepted in the following terms:

Article 1 (Definition of an infected local area)

The Government of India reserves the right in special circumstances where it considers the risk of infection to be especially serious to consider the whole or part of a country as infected with yellow fever, for the purpose of measures to be taken by the Government of India in regard to arrivals in its territory, whenever yellow fever is reported from that country under sub-paragraph (a) or (c) of the definition of "infected local area" in Article 1.

In declaring to the Organization the area or areas to which the reservation would apply, the Government of India shall give motives underlying such declaration and the reasons for urgency, in order to permit the Organization to notify all States accordingly.

Article 6, sub-paragraph 2(b)

The Government of India reserves the right, in special circumstances and after giving the fullest consideration to the reasons under which an area has been declared free of yellow-fever infection under Article 6, to continue to regard that area as remaining infected.

Article 42

The Committee recommends to the Health Assembly that the reservation be accepted.

Article 43

The Committee recommends to the Health Assembly that the reservation be accepted.

Articles 74 and 100, and Appendix 3

Pursuant to its consideration of the general legal position outlined earlier in this report, the Committee took the view that the existing reservations to these articles accepted by the Fifth World Health Assembly, would remain in effect. The Committee therefore decides that no formal action is required in this respect.
Article 76 and Appendix 6

Since these provisions of the Regulations were not amended by the Additional Regulations, the Committee considered that the reservations thereto submitted by the Government of India could not be accepted.

IRAQ

Letter, dated 16 February 1956, from the Ministry of Health, received 23 February 1956

I acknowledge receipt of your letter dated 18 June 1955.

I would inform you that the Iraq Government, being anxious for the health of its people, and desiring to take all possible precautions against the introduction of any communicable disease, and cognizant of the fact that the presence of Aedes aegypti in the country makes Iraq a receptive area for yellow fever, feels that the International Sanitary Regulations No. 2 accepted by this Government provide the best possible means for protecting the country from the introduction of yellow fever, and finds the Additional Regulations adopted by the World Health Assembly on 26 May 1955, amending the International Sanitary Regulations No. 2, unacceptable.

In accordance with Article 22 of the WHO Constitution and with Article II of the Additional Regulations, we hereby notify the Director-General of the Government’s rejection of these Additional Regulations amending the International Sanitary Regulations No. 2.

Observations and Recommendations of the Quarantine Committee

The Committee noted that the Government of Iraq rejects the Additional Regulations and therefore no formal action by the Health Assembly is required.

LEBANON

Letter, dated 12 October 1955, from the Director-General of Public Health, received 28 October 1955 (translation from the French)

Pursuant to the amendments to WHO Regulations No. 2 as adopted by the Eighth World Health Assembly, we have the honour to inform you that:

(1) in view of the extent of national and international air traffic at Beirut airport;

(2) seeing that Lebanon, on account of its moderate climate, is still considered as a receptive area;

(3) in the light of the amendments introduced into certain articles of WHO Regulations No. 2 concerning yellow fever, we make reservations on this subject and would be obliged if you would kindly note this fact and bring our reservations on the subject of yellow fever to the notice of the Director-General.

Letter, dated 24 December 1955, from the Director-General of Public Health, received 3 January 1956 (translation from the French)

Further to my communication No. 2609 of 12 October 1955 concerning reservations with respect to WHO Regulations No. 2, I have the honour to communicate the following:

In view of the fact that our country is a yellow-fever receptive area (Aedes aegypti), and in the light of Articles 42, 43 and 70 of the Regulations, Lebanon cannot in principle accept that the whole of a territory is free from infection if one of its local areas is infected by yellow fever. This principle is applied in practice only in special cases and according to the seriousness of the declared epidemic.

For this reason, this Department proposes that Article 70 remain in its original form so that each case may be examined on its merits in consultation with the various health administrations and with the World Health Organization, and so that a decision may be taken with regard to the delineation of yellow-fever endemic zones before the health administrations of Member States are notified.

For these reasons also we maintain our reservations with regard to Articles 42 and 43.

Observations and Recommendations of the Quarantine Committee

The Committee, having examined the statement made by the Government of Lebanon, took the view that this statement should be construed as a rejection of the Additional Regulations, and consequently points out that no formal action by the Health Assembly is required.

LIBYA

Letter, dated 24 August 1955, from the Ministry of Health, received 5 September 1955

In reference to your letter 4/439/2 dated 18 June 1955 on remodification of International Health Regulations No. 2 concerning yellow fever, we suggest that according to Article 22 of the Constitution of the Organization the Government of Libya submits its reserves on the above-mentioned modification to be considered by the international
technical council of the quarantine in its ninth Assembly next.

At present, our Government will adhere to the text of the first International Regulations before its amendment.

Observations and Recommendations of the Quarantine Committee

The Committee noted that the Government of Libya rejects the Additional Regulations and therefore no formal action by the Health Assembly is required.

NORWAY

Letter, dated 21 June 1955, from the Director-General of Public Health, received 24 June 1955

The Norwegian Government will consider the Additional Regulations amending the International Regulations as soon as possible. The adoption of these Additional Regulations by the Government, is, however, a subject for the approval by the Parliament.

Until such approval eventually is given, Norway shall not be able to be a party of the amended Regulations. I request you, therefore, to accept this letter as a formal reservation of the Norwegian Government against the Additional Regulations amending the International Sanitary Regulations, and to inform the Ninth World Health Assembly accordingly.

Observations and Recommendations of the Quarantine Committee

The Committee examined the statement made by the Government of Norway in the sense that it was not possible for that State to fulfil its constitutional requirements enabling it to reach a definitive decision with respect to the Additional Regulations within the period specified in Article II.

The Committee finds itself compelled, under the Constitution of the World Health Organization and the Regulations, from the point of view of legal technique, to construe this statement as a rejection.

The Committee consequently points out that no formal action by the Health Assembly is required.

The Committee recalls that under Article 108 of the Regulations a rejection may be withdrawn at any time and expresses the confident hope that this rejection will be withdrawn as soon as a definite decision has been taken by the Government of Norway.

PAKISTAN

Letter, dated 13 February 1956, from the Assistant Secretary, Ministry of Health, received 20 February 1956

With reference to your letter i4/439/2 dated 18 June 1955 . . . I have the honour to say that the Government of Pakistan have given careful consideration to the provisions of the Additional Regulations and regret to inform the Organization that they cannot accept the same. These Regulations, it is felt, expose Pakistan, a receptive country, to a serious risk of importation of yellow fever.

Observations and Recommendations of the Quarantine Committee

The Committee noted that the Government of Pakistan rejects the Additional Regulations and therefore no formal action by the Health Assembly is required.

PORTUGAL

Memorandum, dated 16 March 1956, from the Portuguese Legation, Berne, transmitting Reservations communicated by the Director-General of Health; received 19 March 1956 (translation from the Portuguese)

In May last the Additional Regulations to the International Sanitary Regulations (World Health Organization Regulations No. 2) were adopted by the Eighth World Health Assembly.

According to Article IV of these Additional Regulations, paragraph 3 of Article 106, paragraphs 1, 2 and 5 of Article 107, Article 108 and paragraph 2 of Article 109 of the International Sanitary Regulations shall apply to the said Additional Regulations.

Pursuant to these provisions, any reservations to the provisions of the Additional Regulations must be communicated to the World Health Organization by the 19th of this month.

In accordance with this, the Directorate General of Health wishes to formulate the following reservations, adopted in their entirety by the Ministry of Overseas Territories:

"The Portuguese Government, while accepting in principle the Additional Regulations of 26 May 1955 amending the International Sanitary Regulations, nevertheless wishes to formulate the following reservations with respect to yellow-fever receptive areas situated in any part of the national territory:

(a) In yellow-fever receptive areas on Portuguese territory, the Government intends to limit the application of the Additional Regulations to those zones or sanitary local areas where the eradication of *Aedes aegypti* has already been effected;"
(b) Before 1 October 1956, the Portuguese Government will notify the World Health Organization of those receptive zones or their sanitary local areas where the Additional Regulations are applicable;

(c) In accordance with the preceding paragraph, notification is given of the adoption of the Additional Regulations as from 1 October 1956 throughout the Portuguese metropolitan territory and in the sanitary local area of the airport of Santa Maria (Azores).

Observations and Recommendations of the Quarantine Committee

The Committee noted that the Government of Portugal was prepared to apply the Additional Regulations to the entire Portuguese metropolitan territory and to the sanitary local area of the airport of Santa Maria (Azores).

The Committee recommends acceptance of the territorial reservation submitted in respect of these Portuguese territories where Aëdes aegypti has not yet been eradicated.

SAUDI ARABIA

Telegram, dated 12 March, from the Minister of Public Health, received 12 March 1956 (translation from the French)

REFERENCE YOUR i4/439/2 SAUDI ARABIA BEING A YELLOW FEVER RECEPTIVE AREA THE SAUDI ARABIAN GOVERNMENT REJECTS ADDITIONAL REGULATIONS AMENDING INTERNATIONAL SANITARY REGULATIONS AND ADOPTED BY EIGHTH ASSEMBLY ON 26 MAY 1955.

Observations and Recommendations of the Quarantine Committee

The Committee noted that the Government of Saudi Arabia rejects the Additional Regulations and therefore no formal action by the Health Assembly is required.

UNION OF SOUTH AFRICA

Letter, dated 13 March 1956, from the Secretary for Health and Chief Health Officer, received 19 March 1956

With reference to your letter i4/439/2 of 18 June 1955 ... I have to inform you that the Union Government is anxious to co-operate to the fullest possible extent in regard to the implementation of the Additional Regulations, in so far as this is compatible with the public-health safety of the Union. Acceptance thereof in toto would, however, involve considerable alteration of the accepted practices which have been applied in this country for the prevention of the introduction of infectious diseases for many years—in fact ever since the development of aerial navigation as a normal means of travel.

After careful consideration of all aspects of the matter the Union has accordingly decided to accept the principle inherent in the Additional Regulations by which the concept of a yellow-fever endemic zone will be eliminated and yellow fever will, in effect, be dealt with on the same principles as other infectious diseases.

In view, however, of the inadequate knowledge which we have of the vectors responsible for the spread of yellow fever under African conditions and the possibility of the spread of other infectious diseases (particularly those caused by viruses, and which may be spread by arthropods, and on which active research is at present being conducted in the Union), it is considered essential that certain safeguards, in addition to those provided for in the Additional Regulations, should be applied. The principles which it is desired to apply and which are accordingly embodied in the reservations which the Union Government intends to make are as follows:

(a) that in view of the difficulty of determining the limits of those areas in Africa in which persons may become infected with yellow fever, all travellers to the Union whose journey commences in the yellow-fever endemic zone, as at present defined, or who have been in such zone (except in transit) and who arrive in the Union within six days of leaving that zone, should be in possession on arrival in the Union of an assurance in writing from the appropriate Government authority that they have not been exposed to the infection of yellow fever during the six days preceding their arrival in the Union, or, alternatively, should carry, valid yellow-fever certificates; and

(b) all aircraft whose last airport of call before landing in the Union was an airport within the yellow-fever endemic zone, as at present defined, and all ships arriving at Union ports within six days of leaving such zone shall be subject to disinsecting on arrival in the Union.

From the foregoing it will be observed that the Union Government is prepared to withdraw its present requirement that all persons whose journey has involved their travelling directly over the yellow-fever endemic zone, as defined at present, and landing at airports in that zone (i.e. "in transit" travellers) should carry valid yellow-fever certificates. As such "in transit" passengers comprise the great
majority of travellers on the airlines operating between Europe and the United States of America and the Union, the withdrawal of this requirement will in most cases relieve travellers on those airlines of the necessity of carrying yellow-fever certificates.

In the case of those travellers from the present yellow-fever endemic zone who have not been in such zone merely "in transit", the Union will accept the written assurance of the Government authorities concerned that they have not been exposed to yellow-fever infection within the six days preceding their arrival in the Union.

The requirement that aircraft and ships coming from the present yellow-fever endemic zone should be sprayed on arrival in the Union is considered necessary in view of the inadequacy of our present knowledge regarding the potential insect vectors of diseases, particularly virus diseases, in Africa.

It is accordingly desired to notify you in terms of Article 22 of the Constitution of the World Health Organization and Article II of the Additional Regulations of the Union's acceptance of the Additional Regulations, subject to the reservations reflected in the annexure hereto.

RESERVATIONS OF THE UNION OF SOUTH AFRICA TO THE ADDITIONAL REGULATIONS AMENDING THE INTERNATIONAL SANITARY REGULATIONS (WHO REGULATIONS NO. 2)

Article 40

The following sub-article shall be substituted for the existing reservation:

"(c) in the case of an aircraft, such aircraft has come from the area defined in the original International Sanitary Regulations as the yellow-fever endemic area ".

Article 74

The following sentence shall be added:

"These provisions shall also apply to any person who has come from the area which was defined as the yellow-fever endemic area in the original International Sanitary Regulations, or a ship which within six days of leaving a port in this area arrives at a Union port, shall be subject to disinsecting on arrival in the Union.""

Observations and Recommendations of the Quarantine Committee

The Committee noted that the formal reservations submitted by the Government of the Union of South Africa concerned Articles 40, 70 and 77 which have not been amended by the Additional Regulations and consequently considered that reservations in this form could not be accepted.

Since the Union of South Africa is a yellow-fever receptive area and the Government may wish to apply certain safeguards for protection of its territory, the Committee has requested the Director-General to ask the Government to submit a further statement clarifying its position and therefore refers the matter to the Health Assembly for consideration.1

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

Letter, dated 20 February 1956, from the Ministry of Health, received 22 February 1956

I am directed by the Minister of Health to request that the following letter may be substituted for his letter of 6 February 1956, notifying the rejection of the Additional Regulations in respect of the seven territories listed therein:

"I am directed by the Minister of Health to refer to your letter of 18 June 1955, and to notify you, under Article II of the Additional Regulations adopted by the Eighth World Health Assembly on 26 May 1955, that the United Kingdom Government rejects Article I of those Additional Regulations in respect of the undermentioned overseas territories for whose international relations it is responsible, so far as that Article amends Articles 1, 3, 6, 20, 70 and 73 of the International Sanitary Regulations of 25 May 1951. This rejection of part of the Additional Regulations is one to which paragraph 2 of Article 107 of the International Sanitary Regulations applies and, therefore, under

1 See further letter from the delegation of the Union of South Africa to the Ninth World Health Assembly, reproduced on p. 68.
Article 108, it may at any time be withdrawn wholly or in part:

- Gambia
- Gold Coast
- Malaya, Federation of
- Nigeria, Federation of
- Seychelles
- Sierra Leone
- British Virgin Islands."

Observations and Recommendations of the Quarantine Committee

The Committee noted the reservation made by the Government of the United Kingdom of Great Britain and Northern Ireland in respect of the seven territories listed in its letter of 20 February 1956, and recommends to the Health Assembly that this territorial reservation be accepted.

GENERAL COMMENTS ON THE SUBMISSION AND CONSIDERATION OF RESERVATIONS

31. In considering the reservations submitted by governments to the Additional Regulations, the Committee noted that their insufficiently precise presentation frequently gave rise to doubts as to their nature and scope.

On the basis of Article 107 of the Regulations, the Committee suggests to the Health Assembly that it request the Director-General to undertake a complete study of the problem of reservations to the Regulations, the conclusions of which would form a useful guide in the submission and consideration of future reservations.

This study would be undertaken in the spirit of the Regulations with a view to limiting reservations to a minimum.

3. OTHER MATTERS CONSIDERED BY THE COMMITTEE

Vaccination Requirements for Children under one Year of Age

32. The Committee noted the replies of health administrations as to whether or not they would require certificates of vaccination against yellow fever and cholera for children under one year of age and requested the Director-General to inform other health administrations of specific requirements.

Immunity to Vaccination against Smallpox

33. The Committee took note of the information presented to it on the loss of immunity following vaccination against smallpox and the time for and degree of development of immunity following revaccination.

The Committee reaffirmed the opinion expressed at its second session which noted that "the experts could give no exact information which could apply to all individual cases. Consequently, the rules in Appendix 4 of the Regulations (International Certificate of Vaccination or Revaccination against Smallpox) though they may lack a firm scientific basis, are nevertheless administratively expedient in order to avoid delay to persons on an international voyage." 

International Certificate of Vaccination or Revaccination against Smallpox

34. The Committee studied the proposed amendment to the International Certificate of Vaccination or Revaccination against Smallpox (Appendix 4) submitted by the delegations of Portugal and the United States of America, and referred to the Committee by the Eighth World Health Assembly, and recommended the adoption of the proposed amendment.

1 The voting was as follows: two in favour, one against, two abstentions.
2 Unpublished
3 Off. Rec. Wld Hlth Org. 64, 36
4 Off. Rec. Wld Hlth Org. 64, 61, 65, 70. For the amended form of certificate, adopted by the Ninth World Health Assembly, see p. 82.
International Certificates of Vaccination

35. The Committee noted certain questions referred or submitted to the Organization in respect of international certificates of vaccination and made the following recommendations:

1. Only qualified medical practitioners should sign vaccination certificates.
2. Vaccinations may be carried out by nurses and medical technicians if under the direct supervision of a qualified medical practitioner.
3. A medical practitioner is required to sign the certificate in his own handwriting; his official stamp is not an accepted substitute for his signature.
4. As indicated in Appendix 4, the result of a primary smallpox vaccination must be recorded.
5. When a baby born to a mother immunized against smallpox has an unsuccessful primary vaccination, the unsuccessful result should be recorded.
6. A parent or guardian should sign the international certificate of vaccination when the child is unable to write. The signature of an illiterate should be indicated in the usual manner by his mark and the indication by another that this is the mark of the individual.
7. When a certificate written solely in a language other than English or French and issued by a country not bound by the Regulations, is presented by a traveller on arrival, the health authority could, at its discretion, accept such a certificate.

36. After consideration of the use of the words “cachet d’authentification” in the French text, the Committee recalled the recommendation made in its first report \(^1\) and recommended no change in the Appendices in this connexion.

Sanitary Protection of Mass Movements of Populations

37. The Committee noted the replies of governments \(^2\) to a circular letter of the Director-General requesting information on large periodic international pilgrim movements, other than the Mecca Pilgrimage, and whether such movements should be governed by international sanitary regulations. On the basis of the information received, the Committee took the view that no action appears to be necessary.

International Responsibility for Accidents during Deratting Operations

38. Referring to its decision at its second session \(^3\) and after studying additional information provided by governments,\(^2\) the Committee noted that there is not as yet a substantial consensus of opinion or practice among States as to liability in respect of accident during or following deratting operations. The Committee consequently considered that no further action could be taken.

Rodent Infestation on board Ship

39. The Committee noted that the Director-General had approached the governments of sixteen maritime countries for information regarding rodent infestation of ships.

The Committee noted the replies received from ten governments \(^4\) and considered that the incidence of rodent infestation of ships was much improved. Cases have been reported of serious rat infestation of ships whose deratting certificates or deratting exemption certificates have not expired. Cases of serious infestation can be dealt with by the application of Article 40.

It noted that some governments have national rules requiring the rat-proof construction of ships and recommends this practice to other governments.

It also recommends to governments that rat control in ships not engaged in international traffic would assist in reducing rodent infestation generally.

Regulations for the Protection of Isolated Communities

40. The Committee noted the document presented.\(^5\)

Control of Insect Vectors in International Air Traffic

41. The Committee noted that improvements have been made in the equipment for the disinsecting of aircraft as a result of research performed by the members of the Expert Advisory Panel on Insecticides and other workers in different parts of the world. It noted that further studies would be made by the group and reaffirmed the recommendation made at its first session.\(^4\)

Progress Report on the Preparation of a Manual on the Hygiene and Sanitation of Airports \(^6\)

42. The Committee noted that progress has been made in the preparation of a manual on the hygiene and sanitation of airports.

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\(^1\) Off. Rec. Wld Hlth Org. 56, 65
\(^2\) Unpublished
\(^3\) Off. Rec. Wld Hlth Org. 64, 36
\(^4\) Off. Rec. Wld Hlth Org. 56, 66
It further noted that WHO has obtained the comments of a selected group of experts on the draft manual, that discussions by the Organization with ICAO are contemplated and expressed the hope that an agreed draft could be submitted to the Committee on International Quarantine and the Health Assembly at an early date.

Study of National Legislation relating to the Transport of Corpses

43. The Committee, at its first session, had taken note of the International Arrangement concerning conveyance of corpses which was signed on 10 February 1937 in Berlin.

The Committee was, on that occasion, informed of certain national legislation on the subject and decided to request the Director-General to undertake the study of the terms of the Berlin Arrangement and of national legislation on the matter and to report to a later session. At the same time, the Committee indicated that the study in question was not a matter of urgency. On further consideration of this subject, the Committee reaffirmed the decision taken at its first session.


44. The Committee took note of the report presented to it.

Report of the Fourth Session of the Facilitation Division, ICAO, Manila, 10 to 24 October 1955

45. The Committee heard statements concerning the fourth session of the Facilitation Division, ICAO, Manila, on 10 to 24 October 1955, and welcomed the co-operation between ICAO and WHO.

Annex A and Annex B of the International Sanitary Regulations

46. The Committee took note of document EB17/65 and Addendum 1 (see Appendix, sections 1 and 2) and of resolution EB17/R38 referring to the Committee the request made by the Government of Saudi Arabia for the deletion of Annex A of the International Sanitary Regulations. It had before it a copy of a report of the group of experts on their visit to the new Quarantine Station at Jeddah (see Appendix to this report, section 3).

The Committee noted that the report of the group of experts was presented to the Committee with the approval of the Government of Saudi Arabia.

The Committee considered that the Quarantine Station of Jeddah is now equipped to handle pilgrim traffic satisfactorily and recommends to the Health Assembly the deletion of Annex A of the International Sanitary Regulations.

Regarding the request of the Government of Saudi Arabia that certain consequential amendments be made to Annex B, the Committee recommends that this matter be considered by the delegations of the countries concerned during the Ninth World Health Assembly, which will also be considering the vaccination of pilgrims.

Appendix

INTERNATIONAL SANITARY REGULATIONS : DELETION OF ANNEX A

1. REQUEST BY THE GOVERNMENT OF SAUDI ARABIA FOR THE DELETION OF ANNEX A

[EB17/65 — 16 Jan. 1956]

The Minister of Health, Kingdom of Saudi Arabia, requests the deletion of Annex A from the International Sanitary Regulations (WHO Regulations No. 2), and the introduction of certain amendments to the main articles of the International Sanitary Regulations and to the articles of Annex B.

The Saudi Arabian Government, in requesting the deletion of Annex A from the International Sanitary Regulations, and the suppression of any material indicating the limitation of Pilgrimage to the Hedjaz only from the article of the International Sanitary Regulations, as well as from Annex B, takes into consideration that some States interested in the Moslem Pilgrimage may want to apply certain measures against their pilgrims or against pilgrim traffic passing within their territory.

1 Off. Rec. Wld Hlth Org. 56, 49
2 Off. Rec. Wld Hlth Org. 56, 67
3 Unpublished
For this reason, the Saudi Arabian Government is of the opinion that the analysis of the provisions of Annex A might prove useful, as it will be shown in this memorandum, which also expresses the views of the Ministry concerning what could be supplemented in place of the resolutions of the deleted Annex A, thus striving to satisfy all the States concerned.

**Analysis of Annex A of the International Sanitary Regulations**

Annex A of the International Sanitary Regulations is divided into five parts, each one being concerned with a different subject connected with sanitary surveillance over the transport of pilgrims to and from the Hedjaz during the Pilgrimage season.

It must be noted also that the International Sanitary Regulations apply to the Pilgrimage (Article 102). As these measures stated in Annex A are all connected with transport, and as they are of a special nature and pertain to a particular subject which is "Pilgrimage to the Hedjaz", a subject of common interest to a number of States, and as it can be seen that Article 104 of the International Sanitary Regulations can be applied to most of the measures applied in Annex A; therefore, if it was necessary to add any sanitary measures, then Article 103 of the International Sanitary Regulations can be applied after being amended by adding the "Pilgrims" at the beginning of paragraph one of Article 103 before the word "Migrants". This amendment will make Article 103 applicable to all supplementary sanitary measures which will be taken against the pilgrims, and any kind of transport that will be carrying them, as long as those measures conform with the laws of the State concerned.

Article 104 of the International Sanitary Regulations can therefore settle all problems between two or more States having certain interests in common, by concluding special agreements between themselves, as concluding an agreement between States interested in the question of the Pilgrimage without having to initiate a special annex.

No doubt, the deletion of Annex A necessitates the suppression of all the sentences appearing in the International Sanitary Regulations and in Annex B which limit Pilgrimage to the Holy Land of the Hedjaz only, as for example, the sentence in Article B 10 from the said annex. This should also entail a review of some definitions to be found in Article 1 of the International Sanitary Regulations as follows:

- **Pilgrim**: should signify a person visiting Holy Lands.
- **Pilgrim ship**: should mean a ship carrying pilgrims visiting or returning from a visit to Holy Lands.
- **Pilgrimage**: should mean a visit to Holy Lands.
- **Pilgrimage-port**: should signify a port, an airport, or a frontier port where sanitary measures are applied against pilgrims visiting or returning from a visit to Holy Lands. It must be supplied with necessary health personnel, institutions and equipment.
- **Pilgrimage season**: this definition should be deleted.
- **Ship's doctor**: should signify in the case of a pilgrim ship the doctor employed on such ship going to or returning from a visit to Holy Lands.

2. **MEMORANDUM SUBMITTED BY THE DIRECTOR-GENERAL TO THE EXECUTIVE BOARD AT ITS SEVENTEENTH SESSION**

The Executive Board will recall that the International Sanitary Regulations, as prepared by the Special Committee of the Health Assembly in 1951, placed the provisions relating to the sanitary protection of Mecca pilgrims in a special Annex A, so that they could be rescinded at the appropriate time without interfering with the main text.

The Fourth World Health Assembly in its resolution WHA4.75 considered "that the provisions of Annex A are of a transitional nature, applicable only until such time as the health administration of Saudi Arabia is fully equipped to deal with all sanitary problems connected with the pilgrimage within its territory". The same resolution "requests the Executive Board to keep the situation continuously under review in this respect and to recommend to the Health Assembly such modification in the provisions or in the applicability of Annex A as it deems appropriate".

The Minister of Health of the Government of Saudi Arabia, in a letter dated 4 January 1956, sent with the memorandum reproduced in document EB17/65 above, suggests that present conditions now permit the removal of Annex A, and accordingly requests the Executive Board to take the action in this direction provided by resolution WHA4.75.

The Board is reminded in this connexion that at the Eighth World Health Assembly in Mexico the
delegate of the Kingdom of Saudi Arabia requested that a group of quarantine experts be sent by WHO to Jeddah to see the new Quarantine Station and advise his Government as regards its operation and related matters. Following an exchange of correspondence confirming this request, arrangements have been made for a group of experts to make the visit in March 1956.

The report of this group will be made to the Government of Saudi Arabia which may wish to have it submitted to the Committee on International Quarantine for the latter to advise in turn the World Health Assembly.

The Board may wish therefore to refer the whole matter to the said Committee on International Quarantine.

3. REPORT BY THE GROUP OF EXPERTS ON QUARANTINE on their visit to Jeddah

We have been given the following terms of reference by the Director-General of the World Health Organization:

Group of Experts on Quarantine invited by the Saudi Arabian Government to:

visit the Quarantine Station at Jeddah, and such other institutions as exist in Saudi Arabia related to the health of pilgrims; and to learn of any arrangements made with the same object;

make to the health authorities of Saudi Arabia such suggestions—if any—as may ensure the efficient functioning of the quarantine station and the institutions and arrangements related to the health of pilgrims;

inform the Saudi Arabian Government of the effectiveness, in protecting the health of pilgrims, of their installations, equipment, and staff, either at their present stage of development or after the completion of such improvements as may have been suggested by the group.

In order to complete our task the group decided to study the problem in detail, beginning from the point of landing of pilgrims at the seaport of Jeddah onwards to Mecca, Medina and back. This applied to the pilgrims arriving at the airport of Jeddah as well. The present position stands as follows:

Jeddah

The ships no longer arrive in the old port area and are now berthed alongside the new jetties. Each ship is met by a member of the port health staff before the issue of free pratique. On landing, pilgrims pass through the health and customs formalities. The arrangements in this area are fairly satisfactory, but the addition of a big waiting hall before the entrance to the health inspection shed would be of great advantage both to the health authorities and the pilgrims. We understand that this is included in the programme of improvements for the current year.

After clearance of these formalities the pilgrims move to the pilgrim town where accommodation for the housing of about 8000 persons is available. The buildings in this place are privately owned, but the Government maintains an active supervision. They are provided with water closets and the sewage from the area is discharged directly into the sea. After a stay of about twenty-four hours the pilgrims are moved by government-controlled transport to Mecca and Medina, depending on the time of their arrival, as some of them who arrive earlier wish to visit Medina before going for the Haj, while others go straight to Mecca. Some people of course leave directly for Mecca or Medina without going to the pilgrim town at all.

If a ship enters the port in quarantine or a case of quarantinable disease is detected on board, the patients and contacts would be removed to the new quarantine station situated about two and a half kilometres away from the port and about the same distance from the town. There are satisfactory arrangements available there for the housing and treatment of the sick, and the housing and observation of contacts. Adequate arrangements exist also for the disinfection and disinfestation of persons and their belongings. The equipment provided there is modern and adequate. The station has the advantage of having a small general hospital, a well-equipped laboratory and an isolation section. They would normally function as the general hospital and the infectious diseases hospital for the city. This is a good arrangement as it would keep the place "alive", and a useful and permanent nucleus of trained staff would always be available on the spot. The station has been designed in such a way that it can be easily expanded in times of emergency.

1 Off. Rec. Wld Hlth Org. 63, 85
2 The group was composed of Professor G. A. Canaperia, Dr A. El Halawani and Dr M. Jafar.
3 The Government of Saudi Arabia has established one health centre in the pilgrim town itself.
According to the existing arrangements traffic from both the clean and the infected ships lands at the same jetties. It would be an advantage to have a separate mooring point and a separate jetty earmarked for the infected ships. A separate road from this jetty leading to the new quarantine station would further add to the efficiency of the quarantine arrangements.

Jeddah draws its water from a set of springs at Wadi Fatima, fifty miles away from the city. It is chlorinated.

**Mecca**

The pilgrims stay for the longest period at Mecca. The town is at present in a state of demolition in some of the very congested parts. During their stay there the pilgrims visit Arafat and Mena and spend about four days camping outside in the open. The Government has earmarked camping sites with water facilities available everywhere. Arrangements for ordinary medical care are made at suitable places. Arrangements for the reception and care of sunstroke casualties are well provided and the group noted with pleasure the standard of equipment and efficiency available at these centres. A new slaughterhouse has been added and has been in use from the last pilgrim season. Transport to and from these camps is arranged by the Government by a special fleet of buses. These buses are not used for any other purpose and after the pilgrim season are stored at Arafat and other stations to be used the next year. A network of wide and good roads (asphalted) has also been provided. First-aid medical posts are located along these roads.

The water supply of Mecca is drawn from two springs, Ain Zubaida and Azizia, about twenty-five kilometres from the city. It is brought in a conduit on the sides of the hills by gravity and supplied to the city from wells cut in at different places. From these wells water is drawn out by buckets and carried to houses. The group was informed that there is a project for the construction of storage tanks at Mena where the water will be chlorinated before it reaches Mecca and distributed through pipes.

**Medina**

Medina is visited by the pilgrims either before or after the Haj and there is never the same number of pilgrims there at a time as at Mecca or Jeddah. Pilgrims go into private tenements during their brief stay there. It would be an advantage if arrangements of the type provided at Jeddah for their residence were provided here as well. We were told that such arrangements were contemplated and it was hoped that the private organization which had set up houses at the pilgrim town in Jeddah and which was interested in the project would undertake the work in the near future. Here again much demolition of the congested parts of the city is in progress.

The water supply for Medina is drawn from a well a few miles away from the town. It is a deep well and the water is pumped into a reservoir from where it is brought to the town by gravity. The well, however, is not properly covered. We were informed that this is being considered and the work will be shortly completed. Transport to and from Medina is arranged by the Government. A new asphalted road has been opened this year. Medical facilities for the pilgrims exist at two hospitals and a number of dispensaries. First-aid posts are located along the road from Jeddah to Medina.

The group had the opportunity of travelling in the country by a special aircraft provided by the Government and visited several towns in the central and eastern provinces. We were struck by the rapid developments noticed everywhere generally, and in the field of health particularly. We saw new hospitals with modern equipment being set up in many places. The establishment of new dispensaries with a varying number of beds in the outlying places shows the keen interest which the Saudi Arabian Government is taking in the welfare and health of its rural population. The Ministry of Health has a five-year plan of development for the expansion of health services in the country.

**Recommendations**

We consider that the quarantine arrangements for the pilgrims at Jeddah are adequate and satisfactory from every point of view. At Mecca and Medina also the pace of development of the health facilities has been fairly rapid. There are, however, some minor points which require further attention. Our recommendations are as follows:

1. The water supply system at Mecca and Medina should be further improved and efficient arrangements provided for chlorination.
2. Arrangements for temporary latrines at Mena should be provided.
3. The idea of having a pilgrim town at both Mecca and Medina should be followed up.
4. During the pilgrim season sanitary staff at the three places should be strengthened.
5. The port and airport of Jeddah should continue to be the only ports of entry into the country for purposes of pilgrimage. This fact should be
brought to the attention of the governments of all countries which send pilgrims to the Hedjaz.

6. The port of Jeddah should be provided with an organization for the collection and examination of rodents and the deratization of ships. It is understood that the Government is already considering a project for the purpose.

7. The pilgrims joining the Pilgrimage from the country should be subjected to the same requirements of vaccination etc., as the foreign pilgrims.

8. Measures for *Aëdes aegypti* control in the port area should be strengthened, as it is a receptive area.

**Acknowledgement**

The co-operation of the staff of the Ministry of Health has greatly facilitated the work of the group. They spared no efforts to enable us to see the most during the short time at our disposal. We wish to express our sincerest thanks and appreciation to His Excellency Dr Rachad Pharaon, who kindly accompanied us in our visits, and to his staff for the help we received. The group wish also to express their gratitude for the great care and hospitality received from the Government of His Majesty the King of Saudi Arabia.

The draft report has been discussed with His Excellency Dr Pharaon, the Minister of Health. His only comment was that in view of his special request to the WHO about the removal of Annex A from the International Sanitary Regulations, he had hoped that this would be included in the terms of reference given to the group. He has otherwise accepted the report.
PART III
1. Election of Officers

Dr Gear, Assistant Director-General, Department of Central Technical Services, acting on behalf of the Director-General, invited nominations for the office of Chairman.

Dr Hurtado (Cuba) proposed Dr Cameron (Canada).

The proposal was supported by Professor Canaperia (Italy) and Dr Suárez (Chile).

Decision: Dr Cameron was unanimously elected Chairman.

Dr Cameron (Canada) took the Chair.

The Chairman, after thanking the Sub-Committee, asked for nominations for the office of Vice-Chairman.

Dr Jafar (Pakistan), supported by Dr El Halawani (Egypt) and Professor Canaperia (Italy), proposed Dr van de Calseyde (Belgium).

Decision: Dr van de Calseyde (Belgium) was unanimously elected Vice-Chairman.

The Chairman then asked for nominations for the office of Rapporteur.

Dr Jafar (Pakistan) proposed Dr Suárez (Chile).

Dr Suárez (Chile) having declined, Dr Anwar (Indonesia) proposed Dr Yamaguchi (Japan).

Decision: Dr Yamaguchi (Japan) was unanimously elected Rapporteur.

2. Method of Work of the Sub-Committee

The Chairman asked for the opinion of the Sub-Committee concerning its method of work; the two main items on its agenda were the consideration of the third report of the Committee on International Quarantine and the proposed deletion from the International Sanitary Regulations of the provisions relating to the Mecca Pilgrimage.

Dr Jafar (Pakistan), supported by Dr El Halawani (Egypt) and Professor Canaperia (Italy), proposed that the Sub-Committee should deal first with the deletion of the provisions of the Regulations concerning the Pilgrimage and that a working party consisting of the delegations of interested countries, in accordance with the recommendation of the Committee on International Quarantine, should be appointed immediately.

It was so agreed.

The Chairman said that the working party would meet at once and that the Sub-Committee would be reconvened to consider its report. In reply to a question by Dr Morgan (United Kingdom of Great Britain and Northern Ireland), he added that all delegations wishing to do so would be free to attend the meeting of the working party.

The meeting rose at 4.55 p.m.

Dr Jafar (Pakistan), Chairman of the Working Party on the Pilgrimage, said that the Working Party, after detailed discussion of the questions referred to it, had taken the decisions embodied in the draft Additional Regulations in its report (see Appendix I to these minutes).

Dr Suárez (Chile) congratulated the Working Party on the precision of its report, which reflected the great progress made in the arrangements for the Pilgrimage, and expressed his approval of the recommendations it contained.

Dr Duren (Belgium) congratulated Saudi Arabia on the great progress achieved. In a spirit of conciliation, his delegation would support the Working Party’s conclusions. He hoped that a similar spirit would inspire those countries which had made reservations on other parts of the International Sanitary Regulations, so that they might one day be universally accepted.

Dr Anwar (Indonesia) fully approved of the Working Party’s report and its conclusions. He expressed his delegation’s satisfaction with the progress made and congratulated Saudi Arabia on the efforts which had enabled the Working Party to recommend the deletion of the special provisions for the Pilgrimage.

Professor Canaperia (Italy) congratulated the Government of Saudi Arabia on the efforts it had made to equip its country to deal with all sanitary problems connected with the Pilgrimage within its territory. As a member of the group of experts which had visited Saudi Arabia (report contained in section 3 of the Appendix to the report of the Committee on International Quarantine, see page 52), he was happy to be able to report the efficiency of the arrangements and installations for pilgrim traffic and so give the report of the Working Party his full support.

2. Each State bound by these Additional Regulations undertakes to require adequate standards of hygiene and accommodation on ships and aircraft carrying persons taking part in periodic mass congregations, and such standards shall be no less effective than those in effect under the International Sanitary Regulations prior to the entry-into-force of these Additional Regulations.

He explained that the proposed amendment was intended to meet a difficulty in the technical application of the Additional Regulations. Annex A contained purely sanitary measures, within the meaning of the word “sanitary” in the International Sanitary Regulations; it was therefore easy to provide for them by modifying Article 103 of the Regulations. Annex B, however, contained not sanitary measures but standards—covering, for instance, accommodation on board ship, care of the sick and aged. Provisions of that kind could not be covered by an amendment to Article 103. All agreed that the standards described in Annex B should be maintained. A large number of countries was involved and although some countries had already included those standards in their national legislation, others which had not yet done so might find putting that kind of legislation through their parliaments a long process. For those reasons, his delegation had thought fit to propose its amendment. The proposal had the added advantage of involving no delay in the entry-into-force of the draft Additional Regulations.

Dr Jafar (Pakistan) said that after careful consideration, and in view of the assurances of the delegate of Saudi Arabia that the standards of Annex B were already enforced by national legislation, he had no hesitation in supporting the amendment.
Answering the delegate of Belgium, he hoped that that delegation would support the report of the Working Party on the Pilgrimage on its own merits and not as part of a bargain involving the withdrawal of certain countries' reservations to the yellow-fever provisions of the Regulations.

Mr Calderwood (United States of America) said that all would be pleased that the conditions mentioned in resolution WHA4.75 were now fulfilled and that it was now possible to abrogate Annexes A and B.

His delegation therefore agreed with the recommendation of the Committee on International Quarantine that Annex A of the International Sanitary Regulations be deleted (see page 50). However, the recommendations of the Working Party included an addition to Article 103, which was of general application. He felt that the proposed amendment to Article 103 might have implications beyond what was intended. He was not sure what was meant by "periodic mass congregations". As he was unable to suggest alternative wording, clear and free from unknown implications, his delegation would approve the report of the Working Party on the Pilgrimage as a whole, but would like its abstention recorded on the proposed amendment to Article 103.

Dr Duren (Belgium) explained, in reply to Dr Jafar, that he had not intended to give the impression that his delegation made its support for the Working Party's report conditional on receiving something in exchange. His delegation intended to vote for the adoption of that report in any case, hoping that in the future, as a result of a spirit of conciliation and mutual confidence, all reservations to the Regulations would be withdrawn.

Dr Morgan (United Kingdom of Great Britain and Northern Ireland), in reply to a question by Dr El Halawani (Egypt), repeated his previous explanation on the purpose of his delegation's proposed amendment, adding that, if the Subcommittee could not agree to linking Annex B with the Regulations as suggested, he would prefer to see Annex B stand.

Dr Pharaon (Saudi Arabia) supported the United Kingdom proposed amendment. He confirmed the statement he had made to the Working Party that Annex B was covered by the national legislation in his country.

Dr Jafar (Pakistan) said that he understood that the proposal of the delegate of the United Kingdom of Great Britain and Northern Ireland was intended to cover the case of those countries that had not incorporated the provisions of Annex B in their national legislation.

Dr Al-Wahbi (Iraq) supported both the conclusions of the Working Party and the amendment proposed by the delegate of the United Kingdom of Great Britain and Northern Ireland.

Dr Jafar (Pakistan), referring to the remarks made by Mr Calderwood, explained that the countries in which large gatherings took place would have to decide for themselves which were to be considered "mass congregations" within the meaning of the Regulations. The word "may" in Article 103, left them a certain freedom in the matter.

Decision:
(1) The United Kingdom proposed amendment was approved.
(2) The report of the Working Party on the Pilgrimage was unanimously approved as amended.

2. Third Report of the Committee on International Quarantine

Agenda, 6.8.2

General Discussion on Yellow-Fever Matters

Dr Braga (Brazil) expressed the Brazilian delegation's pleasure at meeting delegations from all over the world to discuss and settle with them some controversial points of the International Sanitary Regulations on yellow fever. His delegation fully agreed with the recommendation of the Committee on International Quarantine that the Health Assembly should request the Director-General to undertake, with priority, a complete study of the question of the reservations to the Regulations with the special aim of finding a solution rendering reservations unnecessary in the future (see section 31 of the Quarantine Committee's report, page 48).

In spite of some disagreements about the epidemiological features of yellow fever and the best ways of preventing it, his delegation was quite aware that the reservations made by certain countries were motivated by their concern about the problem and only reflected their desire to protect their territories against the introduction of that dread disease. His delegation was also aware that those countries were far more concerned about the danger of yellow fever being introduced from a nearby continent than from the remote areas of Brazil with which passenger traffic was very small.

He recognized that the reservations which those countries had made to the Additional Regulations of May 1955 would give them the protection they
desired, and so he would not place any obstacle in the way of the approval of such reservations. However, he continued to hope that the recommendation to the Director-General to which he had referred would be speedily implemented and in such a way that an amended text of the International Sanitary Regulations, acceptable to all, might be ready for discussion at the Tenth World Health Assembly.

The recommendation by the Committee on International Quarantine (section 31 of the report, page 48), that a measure similar to the provisions in regard to smallpox in Article 83 of the International Sanitary Regulations might be envisaged in regard to yellow fever appeared to over-simplify the problem. If it were approved, it would seriously interfere with the intense international traffic in the Americas, and would encourage fraud. He therefore urged the Sub-Committee to refrain from taking a decision on the matter and to refer it to the Director-General for calm and careful study.

Dr Jafar (Pakistan) expressed his satisfaction at the change of attitude shown in the statement by the delegate of Brazil.

As there was no authoritative information available about the endemiology of yellow fever, the proposal had been made that a number of persons from receptive areas should go to South America to see what steps were being taken to eradicate the disease. He suggested that one of those persons should inform the Sub-Committee of his impressions.

Dr Lakshmanan (India) supported the suggestion.

The Chairman asked Dr El Halawani, who had been one of the members of the group referred to, to make a statement.

Dr El Halawani (Egypt) noted with pleasure the presence in the Sub-Committee of Dr Fred Soper, Director of the Pan American Sanitary Bureau, and one of the world’s authorities on yellow fever. He thanked him, Dr Kerr, representative of the Rockefeller Foundation in the Pan American Sanitary Bureau, and Dr Bica, head of the Epidemiology Section of the Bureau, who had accompanied the members of the group on its journey, which had been sponsored by WHO. He also thanked his colleagues from the countries which the group had visited; the information and assistance which they had willingly offered had been of the first quality.

The members of the group came from various countries. It had been composed of Médécin Général Vaucel (France), Dr Pandit (India), Dr Anwar (Indonesia), Dr Courtois (Belgian Congo), Dr Quattan (Iraq), Dr Azurin (Philippines), Dr Haddow of the East African Virus Research Institute, Entebbe, Uganda, Dr Fang, Director of the Regional Office for the Western Pacific, and himself.

The members of the group had met in Washington on 6 February 1956 at the Regional Office, where the subject had been discussed at length by Dr Soper and Dr Kerr. On 7 February they had flown to Miami where they had been shown the sanitary station and the Aedes aegypti control work. They had arrived in Havana on the same day and left for Belize on the way to Tela in Honduras, and they had been shown work in the forests of Lancetia and Sparta, which were foci of jungle yellow fever. The conditions of the tropical rain forests and the adjacent rural areas had been demonstrated to them in the field. The survey of yellow fever in the forest had been conducted by Dr Boshel, the demonstrator. Howler and cebus monkeys had been shot; mosquito collectors had climbed the trees to act as baits for Haemagogus spegazzini in order to catch the jungle vector.

The members of the group had then gone via Tegucigalpa and Managua to San José, where they had attended a lecture by Dr Vargas-Méndez and a laboratory demonstration using sections of liver from yellow-fever cases.

At Panama, they had visited the Gorgas Research Laboratory and studied the epidemiology of yellow fever in the field. On 17 February, they had travelled by air to Bogotá, Colombia, where they had visited the Instituto Carlos Finlay and watched a demonstration of the preparation of yellow-fever vaccine; they had then visited San Vicente, a permanent focus of yellow fever. They had left Colombia from Bucaramanga by air for Barranquilla, Maracaibo and Caracas, arriving at Port-of-Spain on 21 February. In Trinidad, they had visited the Rockefeller Laboratory and studied forest conditions in the island. On 23 February they had arrived in Belém, Brazil—a town almost entirely surrounded by forest. There also they had visited the Rockefeller Laboratory and had gone into the forest.

Dr El Halawani added that he had left Rio de Janeiro on 25 February and arrived in Cairo on 27 February—before the end of the yellow-fever incubation period, reckoned from the time of departure from the forest of Belém. His aim in recounting the journey in such detail had been, firstly, to direct the Sub-Committee’s attention to the fact that travelling in Central and South America was now usually by air, and, secondly, to show the possibility of arriving in receptive areas during the incubation period.
Dr El Halawani then made the following statement regarding the various aspects of yellow-fever control in the Americas:

**Diagnosis**

Yellow-fever reporting was different from that of other diseases in that, as a rule, only cases confirmed by laboratory tests were reported. When jungle yellow-fever was first identified, the reluctance of the medical profession to accept its existence was such that no cases were reported without proof. Diagnosis was based, in practice, on examination of liver tissue.

In Trinidad, the discovery of yellow fever had been accidental. The Rockefeller Foundation had established a tropical diseases laboratory whose activities were primarily other than the study of yellow fever. Dr Theiler, examining 700 specimens of sera collected for survey purposes, had found that side by side with a number of positive sera in older people—to be expected in the Trinidad population—there were five or six from individuals between the ages of fifteen and twenty. That did not bear out the known yellow-fever history in Trinidad—the last outbreak reported was in 1914. The sera had been collected in the months of June, July and August 1953 and the report had been received in about October or November of that year. The Director of the Trinidad Government Medical Services had been informed of the discovery and that the problem would have to be studied in due course.

Early in May 1954, the experts of the same laboratory had reported a suspected case of yellow fever discovered when serum had been collected at random on 23 April 1954 in an investigation intended to identify cases of dengue or icterus. The case was that of a youth in Arima Hospital, Central Trinidad, whose illness was not serious enough to attract attention. The Health Department had then been notified officially that the laboratory had isolated yellow fever virus and the international machinery had been speedily put in motion.

On 1 August, the Chief Medical Officer suspected that a man whose illness was diagnosed as typhoid fever with jaundice, might have died of yellow fever on the seventh day of the illness. An Englishman on a hunting expedition in the forest with four companions had fallen ill on 1 August and died four days later supposedly of malaria with jaundice. No malaria parasites had been found in his blood but the formalin specimen of his liver, sent to Dr Gast-Galvis in Bogotá, had been found to contain yellow-fever virus.

In connexion with the yellow-fever outbreak in Trinidad, Dr Wilbur G. Downs of the Rockefeller Foundation laboratory there had stated that, interestingly enough, all the hospitals and all the government medical officers in Trinidad had been informed of the presence of yellow fever on the island; the hospitals were being watched, as far as limited facilities permitted, and local medical practitioners were supposed to be on the alert; nevertheless, the case was taken into the San Fernando hospital and diagnosed as typhoid fever with jaundice. Dr Downs had further specified that it took five cases in the same place, with the same person attending all the patients (the presence of the disease on the island having been notified and medical practitioners warned) for a positive diagnosis to be made by anyone other than the personnel of the Rockefeller Laboratory—and they had seen other cases during the same period. Jaundice and albuminuria had not been constant features. The low white count had not always been present. Fifteen human cases had been seen and identified as yellow fever, either by pathological examination, which had accounted for five of them, or by virus isolation, which had been successful in fourteen. On 8 August 1954, a case of undiagnosed fever had been seen in Port-of-Spain. Yellow fever was not really suspected, but the virus had been isolated from the patient’s blood. That case was considered the only proved urban case in the outbreak. No secondary cases could be found, nor could antecedent cases be traced. A large number of undiagnosed human cases—running to well over a hundred—had however been seen in that same period. It had been evident that among those were many more yellow-fever cases, later identified by the neutralization tests on pre- and post-sera. Dr Downs had said that he did not know how many there would be.

That case of proved urban yellow fever caused a loss to Trinidad of several millions of dollars because of unnecessary measures taken against the island.

In November and December 1948, in Santo Tomás Hospital, Panama City, there had been five fatalities following a febrile illness of short duration. Autopsies were performed on all of them. The diagnosis had been acute yellow atrophy, until the slides were examined by a specialist on 13 January 1949. On 16 January 1949, the newspapers had announced that yellow fever had returned to Panama.

Dr El Halawani said that the above would suffice as examples of delay in diagnosis, although there were others. He apologized for quoting some of the statements of the research workers dealing with diagnosis almost word for word but thought it preferable to do so, for the sake of accuracy.

In order to give an alternative and more hopeful picture he would describe the activities of the
viscerotome, a specimen of the liver was obtained from cadavers whatever the cause of death. Such specimens were examined by efficient pathologists and yellow-fever cases were reported as soon as possible. The procedure required an efficient viscerotomy service, which might be the solution to the problem of avoiding delay in diagnosis. He wished to stress the importance of early diagnosis because that was one of the prerequisites for the proper functioning of international quarantine.

**Role of the Vertebrate Hosts**

The vertebrates most important in the epidemiology of jungle yellow fever were monkeys living in the canopy of the tropical rain forests. He referred to the howler and cebus species. The first was the more susceptible to yellow fever. In Central America, alouatte (howler) and atele (spider) monkeys were much the most abundant species. Both were susceptible to the infection and died of it in large numbers. In Nicaragua, the recent epidemic seemed almost to have exterminated them. In South America, particularly in Central and Southern Brazil, the commonest species was the cebus monkey, howler and spider monkeys being very rare. Monkey mortality was an indication of an epizootic and the cessation of such mortality showed the end of the epizootic. The point was of particular interest, side by side with laboratory examination, because it might reveal whether the virus of yellow fever had died out in any particular forest area.

The study of the marsupials in Central America could not be omitted and should be a second point of any programme of exhaustive study. The region of Muzo and San Vicente de Chucuri in Colombia, which the party had visited, was a permanent yellow-fever reservoir.

Monkey population in a limited area did not become a permanent reservoir; the monkeys either became immune or died. In such cases, the infection died out for lack of susceptible animals until the monkey population was replaced by breeding; that took years and possibly decades. That was not the case with marsupials, that population being rapidly replaced and in great numbers. Dr Boshel had stated that, as a rule, news that yellow fever had penetrated into a jungle region was received some time after its arrival. In such circumstances hastening into a jungle region some time later with monkeys and mice for experimental purposes generally proved useless owing to difficulties of transportation. News of monkey mortality was obtained from hunters and from field staff working in co-operation with the Pan American Sanitary Bureau and local governments. Strengthening of such field staffs was important for the improvement of the intelligence service detecting the movements of the virus in the forest.

**Role of Insect Vectors**

The insect vector of jungle yellow fever was a problem not completely solved at the present time. *Haemogogus spegazzini* was recognized as a vector in the jungle. On the north coast of Honduras, there was a relatively narrow coastal plain varying in width from five to twenty-five or thirty kilometres. That coastal plain, extending from Tela to La Ceiba, two port towns, consisted of abandoned banana land, small farms or pastures or swampy coastal forest. The party had visited Tela and the forests in its vicinity and found the rural population living close to the forests where howler monkeys and *Haemogogus* were present. Twenty-five or thirty kilometres from the coast was a high mountain ridge covered with excellent primary tropical rain forest. The monkeys died between the railroad and the sea where the well-known American monkey (the howler) had never been found. *Haemogogus equinus*, known to transmit in the laboratory but never found infected in nature, was the only *Haemogogus* present (Dr Harold Torpido). There were therefore unknown factors in the transmission of jungle yellow fever in rural areas. Recently the virus had been isolated from *Haemogogus mesodontatus* in Guatemala. That would help to indicate the future movement of the epizootic wave. The party had been informed, during its travels, that in January 1956, after sixteen months without evidence of virus activity, monkeys were dying in the forests of both Honduras and Guatemala.

As regards the urban vector, *Aëdes aegypti*, the party had been shown work in progress in Miami where stagnant water was a breeding ground for that mosquito. The party had also joined field control teams in Cuba and Trinidad for one day in each country. He could testify to their efficiency. The extensive work in progress covered about 70 per cent. of the problem, according to Dr Soper. No urban epidemic of yellow fever has occurred since the Trinidad epidemic. The countries of the Eastern hemisphere were not the only ones on the alert for yellow fever. The United States of America was also obliged to exercise the utmost vigilance because of the presence of *Aëdes aegypti* in Florida, which had experienced yellow fever epidemics in the past. In Mexico, the conditions were also suitable, but the fear of yellow fever seemed to be less lively there than in his own region.
Epidemic Waves and the Climatic Factor

As mentioned above, yellow fever had appeared in Panama in November and December 1948. The epidemic had crossed the Panama Canal, then, with explosive violence, beginning with the initial fatality on 24 July 1951, a series of five epidemic centres had flared up in northern Costa Rica, where the epidemics had lasted from July to October.

While on the Atlantic side conditions were favourable in the tropical rain forests, they were less so in the deciduous forests on the Pacific side, because the breeding cycle was interrupted during the dry season. However, in spite of the apparent extinction of mosquitos during five or six months of intense drought, as soon as the rains came in April and May 1953 monkeys had suddenly begun to die at the exact point reached by the epizootic when the dry season started. Therefore predictions of epidemic waves could not be timed with the required accuracy. There was also the problem of how the epizootic crossed the dry season.

Considerations on the Application of the International Sanitary Regulations

After the amendments of the International Sanitary Regulations approved at the Eighth World Health Assembly, Mexico, 1955, the definition of “infected local area” in Article 1 read as follows:

(a) a local area where there is a non-imported case of plague, cholera, yellow fever or smallpox; or

(b) a local area where activity of yellow-fever virus is found in vertebrates other than man.

In connexion with sub-paragraph (a), he would like to be assured of a rapid diagnosis as regards yellow fever. Regarding sub-paragraph (c), he wondered what would be the situation where the virus remained dormant during the dry season and began to spread on the resumption of the rains in deciduous forests, as had been the case in Panama. It was not known that the virus habitually crossed to the Pacific side, but it had done so during an abnormal season of heavy rainfall.

Moreover, there was marked activity in forests such as the one which the party had visited around Belém in Brazil, where yellow fever had been discovered by the Rockefeller Laboratory. Roads were being constructed in the forests, rubber trees planted, wooden houses erected for the engineers, and industry and labour were extending further and further into the forests.

Transport of the Disease in International Traffic

It was difficult to say why, under modern conditions, the virus had not been transported to Egypt, Saudi Arabia and Asian countries. Once it was thought that Aedes aegypti consisted of various races—some of them not effective in transmission. But specimens taken from breeding places along the coast of Arabia had been shown in the laboratory of the East African Virus Research Institute at Entebbe to be liable to infection and capable of transmitting it to monkeys.

According to Dr Max Theiler, clearcut evidence had been obtained by means of the haemagglutination test, complement fixation test and protection tests in mice that the virus of yellow fever was related to Uganda S., West Nile dengue and Japanese B. The immunological overlaps might offer a possible explanation.

Aedes aegypti Control and its Influence on Internal Defence

There was no doubt that the eradication of Aedes aegypti was a strong barrier against the urbanization of yellow fever. That view was confirmed by the fact that epidemics had occurred in Rio de Janeiro before the eradication of Aedes aegypti. In 1928 a full year had passed during which only one case had been identified in the Americas before the epidemic flared up in Rio. In 1938, a wave of jungle yellow fever had swept down to within twenty-five miles of the city and on that occasion four infected cases of yellow fever had entered the city in a very short time. But, in the absence of Aedes aegypti, there was no outbreak and the virus did not spread to other cities or ports.

In that connexion, it was significant that during the last epidemic in Costa Rica, the health authorities had allowed the transport of yellow-fever patients to the hospital at San José. They had been absolutely certain that there was no danger because San José was free of Aedes aegypti.

Conclusion

Dr El Halawani informed the Sub-Committee that he had been struck by the vigilance and efficiency of the staff of the Pan American Sanitary Bureau and the great experience of the local health authorities in regard to yellow fever. He also wished to mention the good work being done by the laboratories of the Rockefeller Foundation at Port-of-Spain and Belém, the Instituto Carlos Finlay in Bogotá, the Instituto Oswaldo Cruz in Brazil, which produced the yellow-fever vaccine, the Gorgas Memorial Research Laboratory in Panama, and the Instituto Carlos Finlay in Cuba. There were also field survey stations in Honduras for the study of yellow-fever epidemiology among monkeys and other vertebrates.
He proposed that WHO should offer fellowships for young epidemiologists from receptive countries to study the epidemiology and virology of yellow fever at the above-mentioned institutes.

Dr Anwar (Indonesia) said that, as a member of the group whose journey had just been described, he could confirm that Dr El Halawani's description of the position in Latin America entirely coincided with what the group had found.

Several interesting facts had clearly emerged from the study; the first was that, in view of the difficulty of diagnosis of yellow fever, figures relating to its incidence should be regarded as minimum. Secondly, many important questions still remained unresolved on the epidemiology of the disease and it was encouraging to know that research was continuing both in the field and in clinical laboratories.

He would like to associate himself with the tributes to Dr Soper and his staff for their helpful attitude towards the group's work.

The Government of Indonesia had entered no reservations to the Additional Regulations of 1955; the Government of the Philippines had adopted the same attitude. Nevertheless, although he greatly admired the work being done against yellow fever by the governments of the countries concerned, he and the delegate of the Philippines had been much concerned upon learning the facts about yellow fever in the Americas because of the conditions existing in their countries.

In Indonesia, the Aëdes aegypti index was as high as 30 to 40 per cent. and the health authorities were well aware that many rural populations were still exposed to the potential danger of yellow fever.

Dr Jafar (Pakistan) also thanked Dr El Halawani for his comprehensive statement, which had provided the Sub-Committee with the exact material it needed.

He welcomed the attitude taken by Brazil on the question of reservations submitted by governments to the Additional Regulations. The Fifth World Health Assembly, in accepting the original reservations to the International Sanitary Regulations, had laid down an initial period of five years, open to extension, for those reservations to be maintained in effect. In the light of the further information that had come to the Sub-Committee's attention, making it quite clear that the epidemiology of yellow fever was not yet fully known, the earlier decision might be modified in the sense that reservations should continue to be effective until the countries concerned, being satisfied that they were no longer required, informed WHO of their withdrawal. A decision on those lines would ensure good relation-ships all round and he would make a formal proposal to that effect.1

Dr Braga (Brazil) had much pleasure in supporting Dr Jafar's suggestion.

Dr Acosta-Martínez (Venezuela) endorsed the Brazilian view that each country had the right to make reservations. Nevertheless, he had some general points to make in regard to section 31 of the report of the Committee on International Quarantine (see page 48).

In the light of present-day knowledge, it would be unreasonable, he thought, to regard any country that had an isolated case of yellow fever on its territory as a potential danger on that account.

Venezuela had a wide experience of the problem of yellow fever; it maintained a vigilant watch against possible outbreaks. Posts had been set up in strategic places around jungle areas for examination of the viscera in all cases of deaths from fevers occurring among the population between the ages of two and sixty years, even where the clinical symptoms were not those of yellow fever. General mortality statistics in those zones were regularly examined with a view to careful investigation whenever an abnormal rise appeared. The whole population of those areas had been vaccinated and that represented protection for 40 per cent. of the total population in rural areas.

The malaria eradication campaign had resulted in a reduction of the Aëdes aegypti index to one per cent. and residual spraying was currently in progress in higher altitude areas outside the endemic zones. At the same time work was going on for the detection of foci of infection. Furthermore, all ports, air and maritime, were completely free of vectors to a radius around them much greater than that required by the Regulations.

Research into the epidemiology of yellow fever was much more effective when related to measures of detection. Laboratory diagnosis in general entailed delay and accordingly there was all the more need for special emphasis on research and watchfulness. It was inevitable that the jungle areas of Latin America should be open to the spread of yellow fever; vaccination, while limiting mortality among humans, did not serve to prevent that. Any outbreak among monkeys therefore sounded an alarm for the redoubling of precautions to protect the human population. The prerequisite for preventing the infection of a jungle area was that urban areas should be free of vectors capable of infecting

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1 See minutes of the third meeting, p. 71.
the human population, and that the outposts in endemic zones should be equally free of mosquitos. Any other control means, such as decrees, resolutions or certificates, could only lead to a dangerous false security.

To make the certificate of vaccination against yellow fever obligatory everywhere would be of little value. The measure could be applied without difficulty in the case of passengers travelling to Asian countries, for they were relatively few in number; on the other hand, to require vaccination certificates of the great number of people who every day crossed frontiers in the Americas would lead to incalculable difficulties, and encourage fraud, with consequent loss of faith in the certificate.

Accordingly, while conceding that each country should be free to make reservations, he could not accept that serious harm to the large majority should be caused through what might be termed a mere caprice. If the matter were not given close consideration a serious situation might result and possibly damage to the Organization’s prestige.

Dr Clark (Union of South Africa) said he greatly appreciated the generous and conciliatory attitude taken by the Brazilian delegation. He too wished to thank Dr El Halawani for his most interesting and comprehensive statement on the yellow-fever investigations carried out in the Americas; he had shown that there were still certain difficulties, particularly in the early diagnosis of cases among the human populations and in animal reservoirs. Despite all the good work that had been done the epidemiology of the disease was apparently not yet fully understood.

The draft resolution submitted by Dr Jafar was entirely acceptable in principle to his Government although it went somewhat further than its own demands. His Government was prepared to accept passengers in transit through the African continent without certificates of vaccination against yellow fever, and would also exempt from the requirement passengers from yellow-fever endemic zones, provided that the governments of the countries concerned were satisfied that the passengers had not been exposed to the possibility of infection.

Dr Morgan (United Kingdom of Great Britain and Northern Ireland) said that he too would like to support Dr Jafar’s proposal. The period of validity of the reservations at present in force would shortly expire. Hence, it was important for a decision to be taken at the present Health Assembly, if possible. It might be wise, as the delegate of Brazil had suggested, to continue the study of the Regulations and research into the epidemiology of the disease with a view to reaching agreement on the measures to take; it would be prudent, however, in the meantime, to maintain the existing reservations. The reserving countries should be given the chance to maintain their reservations, possibly for an indefinite period, with the right to decide when their validity should expire.

Dr Janz (Portugal) remarked that control of yellow fever was of particular interest to his country because of the wide dispersion of its overseas territories, which included both endemic and receptive areas.

The international view of the problem ought to be based purely on medical and scientific considerations. National opinions opposed to the interests of one part of the world should be adjusted with a view to achieving general agreement.

It was air transport that, by ruling out the distance factor, now represented the greatest danger of transmission of yellow fever. The amendments to the International Sanitary Regulations had cut out the margin of security for the receptive countries, particularly those in Asia. For that reason Portugal had decided to make reservations to the Additional Regulations in respect of its territories where Aëdes aegypti had not as yet been eradicated. It was accordingly in a position to support the Pakistan proposal.

Dr Duren (Belgium) said that the Belgian delegation too was ready to support the proposal made by Pakistan.

He asked the delegation of the Union of South Africa whether it would agree to the deletion of the word “African” from its reservation to Article I of the Additional Regulations, 1955 (see Appendix 2 to these minutes), so that the phrase in question would read “infected with yellow fever those territories which were previously included within the yellow-fever endemic zone”.

Dr Clark (Union of South Africa) willingly accepted that suggestion; he had himself intended to raise the point when the reservation came up for discussion.

He thanked the Secretariat, and in particular the Section on International Quarantine, for their help to his delegation on legal technicalities in formulating its reservation.

Dr MacCormack (Ireland) felt that he had to express his satisfaction at the rapprochement between

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1 See minutes of the third meeting, p. 71.
the two divergent points of view on the very controversial question of the yellow-fever provisions. He sincerely thanked the delegate of Brazil for his most conciliatory statement. He confidently looked forward to an era of peace and co-operation in the future. His own past interventions in the matter had been motivated solely by the desire to achieve agreement between the two interested parties.

Dr Lakshmanan (India) asked what would be the period of validity of reservations made to the Additional Regulations of 1955.

Mr Gutteridge (Legal Office) answered that the Committee on International Quarantine, in its report, had not suggested the imposition of any time-limit on reservations to the Additional Regulations. Accordingly, unless the Health Assembly proposed any change, the reservations would remain in force indefinitely.

Dr Pierre-Noël (Haiti) said it seemed to him that the Committee on International Quarantine, in dealing with the vexed question of reservations, had simply tried to avoid the issue. Without going into the disastrous consequences that would ensue if its recommendation were accepted, he would above all like to emphasize the sanitary aspect; the changes made by the Eighth World Health Assembly in the International Sanitary Regulations had been based on technical considerations that were still valid at the present time.

All were aware of the difficult situation facing the current Health Assembly because of the many reservations formulated in respect of the Additional Regulations. True, discussions had taken a favourable turn but his delegation still thought that means should be sought to overcome the impasse. Accordingly, although it could accept the Pakistani proposal, it considered that the Director-General and the Committee on International Quarantine should continue their efforts towards solving the problem in conformity with international quarantine standards, particularly in so far as the protection of receptive areas was concerned.

Mr Calderwood (United States of America) said that the existing reservations to the International Sanitary Regulations—not the Additional Regulations—had been accepted by the Fifth World Health Assembly for a fixed period. The decision taken at that time provided that the validity of the reservations might be continued by the Health Assembly for a further period. He wondered, therefore, whether the Legal Adviser considered that the extension of the period of the validity of those reservations indefinitely would be in accordance with the decisions of the Fifth World Health Assembly. He noted that they specifically recognized the right of reserving States to withdraw the reservations at any time.

Mr Gutteridge (Legal Office) said he could see no fundamental reason why the wording “further period” should not include an indefinite period. That phrase need not necessarily be taken to mean that any further period decided upon should be of fixed duration. Moreover, the Health Assembly was entirely within its rights in overruling any previous decision expressed merely by resolution.

Mr Calderwood (United States of America) wished it to be quite clear that he was not objecting to the Pakistani proposal for extension of reservations for an indefinite period, if the Legal Adviser was satisfied that that was in order. There could be no question of the Health Assembly’s right to fix the period of validity of reservations to the Additional Regulations. He was not sure, however, that with respect to extending the validity of the reservations to the Regulations adopted in 1951 the present Assembly could ignore the limitation set by the Fifth World Health Assembly’s decision, which was taken in accordance with the provisions of the International Sanitary Regulations.

The Chairman suggested that the text of Dr Jafar’s proposal should be distributed before the next meeting. Meanwhile, if the Sub-Committee so desired, the legal point could be further explored.

Dr Aujaleu (France) said that his Government had adopted without reservations the Additional Regulations of 1955 and was proposing to put them into effect as from 1 October 1956. Its action had been taken in a spirit of co-operation and understanding such as that shown in the present discussion. Nevertheless, his Government deeply regretted that the conclusions of the Committee on International Quarantine, as set out in its second report, had not been taken into consideration by the Eighth World Health Assembly. The members of that Committee were all experts and their conclusions had been based on substantial scientific considerations; consequently, adoption of those conclusions would have offered real security to countries receptive to yellow-fever infection. In any case, the sanitary authorities in France were still applying the provisions of the International Sanitary Convention for Aerial Navigation, 1944, Article XVII, paragraph 2,

1 See Off. Wld Hth Org. 64, 41.
in regard to the disinsecting of aircraft, which were maintained in force by Article 105, paragraph 1 (j) of the International Sanitary Regulations.

His delegation also wished to stress the additional importance that should be attached to Article 7 of the Regulations by reason of the amended definition of “infected local area” introduced in Article 1 by the Additional Regulations, 1955.

Furthermore, the French delegation regretted that, by the application of provisions similar to those laid down in Article 51 on plague, health authorities would not be required to carry out a systematic search for foci of yellow fever virus, because, in the absence of such investigations, its presence might easily pass unnoticed.

With regard to the definition of the *Aëdes aegypti* index, the French delegation would like to be assured that the phrase “total number of houses examined in the area” meant that all existing houses in a given area would be examined; otherwise, the index obtained would have only the value of a spot check, which would have to be related to the total number of houses (examined or not) in the area in order to obtain a percentage corresponding to the real situation.

The meeting rose at 11.10 a.m.

Appendix 1

[Appendix 1](#)

REPORT OF THE WORKING PARTY ON THE PILGRIMAGE

The Working Party of the Sub-Committee on International Quarantine of the Ninth World Health Assembly met on 16 and 17 May 1956. Dr M. Jafar (Pakistan) was elected Chairman.

The Working Party considered the report of the group of experts on quarantine on their visit to Jeddah in March 1956 and the recommendations contained in paragraph 46 of the third report of the Committee on International Quarantine (see page 50).

The Working Party noted that the health administration for Saudi Arabia is now fully equipped to deal with all sanitary problems connected with the Pilgrimage within its territory, that the Government of Saudi Arabia had enacted in its national legislation the provisions of Annex B of the International Sanitary Regulations relating to standards of hygiene on pilgrim ships and on aircraft carrying pilgrims, and consequently recommends the deletion of the pilgrimage clauses in the International Sanitary Regulations, including Annexes A and B.

However, considering that sanitary measures additional to the measures permitted by the International Sanitary Regulations might be necessary from time to time in respect of pilgrims, the Working Party was of the opinion that provision should be made in the International Sanitary Regulations to this effect in a manner similar to the provisions in Article 103 dealing with migrants and seasonal workers.

The Working Party consequently recommends the adoption of the following Additional Regulations to the International Sanitary Regulations:

**ADDITIONAL REGULATIONS OF ... MAY 1956 AMENDING THE INTERNATIONAL SANITARY REGULATIONS WITH RESPECT TO THE SANITARY CONTROL OF PILGRIM TRAFFIC**

The Ninth World Health Assembly,

Considering that special measures for the sanitary control of pilgrim traffic approaching or leaving the Hedjaz during the season of the Pilgrimage are no longer required and that consequently the relevant provisions of the International Sanitary Regulations and of Annexes A and B thereto may be abrogated,

Having regard to Articles 2 (k), 21 (a) and 22 of the Constitution of the World Health Organization,

ADOPTS this ... day of May 1956, the following Additional Regulations:

**ARTICLE 1**

In Articles 1, 102 and 103, Appendix 2 and Annexes A and B of the International Sanitary Regulations, there shall be made the following amendments:

**Article 1 — Definitions of "pilgrim", "pilgrim ship", "Pilgrimage", "sanitary station", "season of the Pilgrimage" and "ship's surgeon"**

Delete these definitions in their entirety.

**Article 102**

Delete this Article in its entirety.

**Article 103**

In paragraph 1, delete the words “Migrants or seasonal workers” and replace by the words “Migrants, seasonal workers or persons taking part in periodic mass congregations”.

**Appendix 2 — International Certificate of Vaccination or Revaccination against Cholera**

In the text of this Appendix, delete the second paragraph in the English text commencing with the words “Notwithstanding the above provisions” and ending with the words “second injection”, and in the corresponding French text with the words “Nonobstant les dispositions ci-dessus” and “seconde injection”.

**Annex A — Sanitary Control of Pilgrim Traffic approaching or leaving the Hedjaz during the Season of the Pilgrimage**

Delete this Annex in its entirety.

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1 See section 3 of the Appendix to the third report of the Committee on International Quarantine, p. 52.
Annex B — Standards of Hygiene on Pilgrim Ships and on Aircraft carrying Pilgrims

Delete this Annex in its entirety.

ARTICLE II

The period provided in execution of Article 22 of the Constitution of the Organization for rejection or reservation shall be six months from the date of the notification by the Director-General of the adoption of these Additional Regulations by the World Health Assembly.

ARTICLE III

These Additional Regulations shall come into force on the first day of January 1957.

ARTICLE IV

The following final provisions of the International Sanitary Regulations shall apply to these Additional Regulations: paragraph 3 of Article 106, paragraphs 1 and 2 and the first sentence of paragraph 5 of 107, 108 and paragraph 2 of 109, substituting the date mentioned in Article III of these Additional Regulations for that mentioned therein, 110 to 113 inclusive.

IN FAITH WHEREOF we have set our hands at Geneva this . . . day of May 1956.

The President of the World Health Assembly

The Director-General of the World Health Organization

Appendix 2

RESERVATIONS TO THE ADDITIONAL REGULATIONS, 1955,
SUBMITTED BY THE GOVERNMENT OF THE UNION OF SOUTH AFRICA

In its third report the Committee on International Quarantine requested the Director-General to ask the Government of the Union of South Africa to submit a further statement clarifying its position in respect of the Additional Regulations, 1955, and referred the matter to the Ninth World Health Assembly for consideration.

The Director-General has the honour to submit to the Health Assembly the communication, dated 15 May 1956, received from the delegation of the Union of South Africa to the Ninth World Health Assembly in answer to his letter to the Secretary for Health of the Union:

With further reference to your letters 4/439/2 of 18 June 1955 and 17 April 1956, and letters Nos CT.267 (38/23) and CT. 527 (38/23) dated 13 March and 27 April 1956 respectively, addressed to you by the Secretary for Health and Chief Health Officer for the Union, I have to inform you that having regard to the terms of your last-mentioned communication and the recent discussions between members of the Union's delegation to the Ninth World Health Assembly and the Secretariat of WHO, the Union wishes to withdraw its previous representations regarding the amendment of its existing reservations to the International Sanitary Regulations and in place thereof desires to notify you of its acceptance of the Additional Regulations amending the International Sanitary Regulations, subject to:

(a) the following reservation to Article I of the Additional Regulations, namely, the reservation by the Union of the right, for the purpose of measures to be taken in regard to arrivals in its territory, to consider as remaining infected with yellow fever those African territories which were previously included within the yellow-fever endemic zone as provisionally delineated by the Organization; and

(b) such modification of the Union's existing reservations to the International Sanitary Regulations as may become necessary consequent upon the acceptance by the Union of the Additional Regulations on the basis indicated at (a).


THIRD MEETING

Monday, 21 May 1956, at 4.30 p.m.

Chairman: Dr G. D. W. Cameron (Canada)

1. Third Report of the Committee on International Quarantine (continued)

Agenda, 6.8.2

The Chairman asked whether any further delegations wished to make general remarks on the third report of the Committee on International Quarantine. There being no further comments of a general nature the Sub-Committee proceeded to consider the report in detail.

1 For original statement, see p. 46.
1. Third Annual Report by the Director-General on the Working of the International Sanitary Regulations

1.1. Working of the Regulations as seen by the Organization

The Chairman said that section 3 of the Quarantine Committee’s report (see page 36) had already been dealt with by the Working Party on the Pilgrimage.

Dr Janz (Portugal) said that his delegation was concerned at the conclusion of the Committee on International Quarantine (section 1 of the report, page 35) that “on the information available it was not able to make a decision on the frequency and method of sampling to be used in determining the Aedes aegypti index”. Two alternative ways of determining the index had been advanced at the Eighth World Health Assembly: the method of sampling and the method whereby all houses in a given area were examined. As the first method was eventually adopted, the Regulations should define what was an adequate sample as a basis for determining the index. The Pan American Sanitary Bureau had issued a document on methods of sampling and he thought that that ought to be submitted to the Sub-Committee for study with a view to reaching agreement upon a uniform method of determining the index, for incorporation in the Additional Regulations, 1955. Otherwise it would be difficult to implement Article 6 of the Additional Regulations.

Dr Jafar (Pakistan) stated that the Committee on International Quarantine had fully considered the question of further study of the statistical aspects of the index. That committee had had before it details of the PASB method. However, when the question was put to the Section on Statistical Studies at Headquarters, it appeared that a proper method could be worked out only after further investigation. He did not think that any decision on the subject could be taken at the present stage.

Dr Duren (Belgium) endorsed the remarks of the delegate of Portugal concerning the necessity for a standard method of establishing the index, which would be capable of providing comparative results. It would not, however, be necessary to incorporate it in the Regulations.

The Chairman said that the study mentioned by Dr Jafar was to be submitted to the Committee on International Quarantine at its next session.

Dr Janz (Portugal) was satisfied with that information, but thought that specific studies should be carried out before putting regulations into effect, not afterwards. Otherwise, a certain amount of anxiety was engendered in the interval.

Mr Calderwood (United States of America), referring to the application of the Regulations to diseases other than the quarantinable diseases (section 9, page 36), noted that the Committee on International Quarantine was keeping the matter under consideration. At the same time he noted that the Director-General had expressed concern in each of his annual reports about difficulties arising in the application of the Regulations because of ambiguities in the text. Certain provisions of the Regulations appeared to apply to diseases other than the six quarantinable diseases. Hence, the United States delegation proposed that the Director-General should be asked to report to the Tenth World Health Assembly, after consultation with the Committee on International Quarantine, on whether or not the Regulations should be considered as applicable to diseases other than the six quarantinable diseases, giving reasons for the conclusions reached.

Decision: The United States proposal was adopted.

Professor Canaperia (Italy) drew attention to the statement of opinion of the Quarantine Committee regarding the designation by a government (the Italian Government) of the medical services on board thirty-four of its merchant ships as approved centres for the issuance of certificates of vaccination against yellow fever (section 19, page 37). The Committee considered that such centres would not comply with the requirements as set out in Appendix 3, as they would not be situated at all times in the territory of the State designating them nor under the direct supervision of the health administration.

The position in Italy of the medical officer on board a passenger ship was a special one. Each of those medical officers had first to take a special diploma, after which he was recognized as the health officer on board his ship and was directly responsible for reporting at the end of each voyage to the Italian health administration. In those circumstances, which had been brought to the attention of WHO, those medical officers should be regarded as public-health officers.

He was not qualified to speak on the legal position but could state that any ship flying the Italian flag was part of Italian territory except when it was within the territorial waters of some other State.

The regulations introduced in Italy had been drafted for the convenience of passengers who, because they lived at a considerable distance from an approved vaccination centre, were not able to have the vaccination performed before departure.
The ships in question were well equipped to carry out the work of vaccination. He would accordingly ask that the Committee on International Quarantine should take those points into consideration.

Dr JAFAR (Pakistan) proposed that the Sub-Committee should approve section 19 and at the same time refer the matter back to the Committee on International Quarantine for reconsideration in the light of Professor Canaperia's statement.

It was so agreed.

1.2. Working of the Regulations as Reported by Member States


The CHAIRMAN directed attention to a statement showing the position of States and territories under the Regulations and to a note by the Director-General informing the Sub-Committee that the Government of Austria had no reservations to make in respect of the Additional Regulations, 1955, and that the Government of the Federal Republic of Germany had become bound by the International Sanitary Regulations, 1951, and the Additional Regulations, 1955, without reservation, on 17 April 1956.

There were no comments on the statement, nor on chapter 1.2 of the report, “Working of the Regulations as reported by Member States”.

2. Reservations to the Additional Regulations, 1955

The CHAIRMAN referred the Sub-Committee to the letters from governments relating to their reservations (see pages 39 to 48).

In answer to a question by Dr DUREN (Belgium), the CHAIRMAN said that the letter from the Government of Ceylon made it quite clear that the disease referred to in the first paragraph of the report on Ceylon was yellow fever. The correspondence would be published at the same time as the text of the reservations to ensure that the point was quite clear.

Dr LAKSHMANAN (India) stated that the Government of India was ready to accept the recommendations of the Committee on International Quarantine in regard to the reservations it had entered on Articles 42, 43, 74 and 76 and on Appendices 3 and 6.

It was, however, unable to accept the Committee’s recommendations on India’s reservations on Article 1 and Article 6, paragraph 2 (b). The Committee, in modifying the reservation on Article 1, had stipulated that the Government of India, in declaring to the Organization the area or areas to which the reservation would apply, should give motives underlying such declaration and the reasons for urgency, in order to permit the Organization to notify all States accordingly.

In regard to the reservation on Article 6, the Committee had inserted a reference to special circumstances for continuing to regard an area as remaining infected, after it had been declared free of yellow-fever infection under the Regulations.

In the light of the information given in the report of the Conference on Yellow Fever, held in Washington in December 1954 (PASB Scientific Publication No. 19) and of that provided to the Sub-Committee at its second meeting by Dr El Halawani of Egypt, it was quite clear that existing knowledge on the spread of yellow fever was still very incomplete. The variable period between the occurrence of cases in different places in the same country, the time-lag in the notification of cases, the frequent scientific and big-game hunting expeditions into jungle areas and the facilities for air travel in the yellow-fever areas, were all factors obliging a receptive country like India to take speedily all possible measures to avoid adverse effects on the health of its people.

It would accordingly be appreciated that the changes introduced in India’s reservations were redundant. The fulfilling of those requirements would result in a monotonous repetition of the same reasons, time after time. The Indian delegation therefore reiterated its view that the text of the reservations, as originally notified, should stand.

Dr ANWAR (Indonesia) referred to his statement at the previous meeting (see page 64) and said that, in view of the highly receptive conditions in India so far as yellow fever was concerned, he would support the proposal of the delegate of India.

The CHAIRMAN asked whether it would satisfy the delegate of India to have the term “area infected with yellow fever” substituted for the term “infected local area” used in paragraph (1) of his Government’s letter of 28 February 1956, notifying WHO of its reservations (see page 42).

Dr LAKSHMANAN (India) said that that rewording would meet his point.

Decision: The Sub-Committee agreed to recommend acceptance of the change.
Mr Gutteridge (Legal Office) drew attention to the fact that the reservations notified by Ceylon to Article 1 and Article 6, paragraph 2 (b), were in identical terms to those of India. Accordingly, in order to avoid any suggestion of discrimination, the Sub-Committee might perhaps like to consider whether the text of Ceylon's reservation should be reworded in line with the change made in those of India.

Dr Jafar (Pakistan) suggested that the Secretariat, in drafting the Sub-Committee's report, should incorporate those amendments in respect of Ceylon. The Sub-Committee would have an opportunity of studying the wording again when approving its final report.

It was so agreed.

In connexion with the reservations made by the Union of South Africa, the Chairman drew attention to the further letter received (see Appendix 2 to the minutes of the second meeting, page 68).

Dr Clark (Union of South Africa) stated that the letter from his delegation replaced in effect the reservations submitted by his Government in respect of Articles 40, 70 and 77. In the general discussion at the previous meeting it had been agreed to delete the word “African” used in paragraph (a) of the letter.

Decision: The Sub-Committee agreed to recommend that the reservations submitted by the Government of the Union of South Africa, as formulated in its delegation’s letter of 15 May 1956, and as just amended, should be accepted.

The Chairman noted that certain other countries in addition to the Union of South Africa required changes in the wording of their still valid reservations to the International Sanitary Regulations; the words “yellow-fever endemic zone” should now be replaced by the words “area infected with yellow fever”.

Dr Hood (Chief, International Quarantine Section), Secretary, gave as an example the case of India, whose reservation to Appendix 3 would remain valid after India accepted the Additional Regulations. The present wording was no longer applicable because the term “endemic zones” was eliminated in the Additional Regulations.

The Chairman, answering Dr Jafar (Pakistan) said that the change would apply only to the reservations to the International Sanitary Regulations of countries which had accepted the Additional Regulations.

Decision: The Sub-Committee agreed to recommend that the necessary consequential changes should be made (see paragraph 2 of resolution WHA9.47, page 80).

The Chairman suggested that, before considering the general comments on the submission and consideration of reservations, it might be appropriate to take up the proposal submitted by the Government of Pakistan, which read:

The reservations accepted by the Fifth and Sixth World Health Assemblies in respect of British Solomon Protectorate, Ceylon, Egypt, Fiji (and dependency), Gilbert and Ellice Islands Colony, India, Pakistan, Pitcairn Islands, St Lucia and Tonga Islands for a period of five years and which remain in effect after the entry into force of the Additional Regulations of 26 May 1955, may continue in effect until these countries are satisfied that such reservations are no longer necessary and consequently withdraw them.

Decision: The Sub-Committee agreed to recommend the adoption of the proposal of the Government of Pakistan (see paragraph 1 of resolution WHA9.47, page 80).

Dr Braga (Brazil) said that the approval of the Pakistan proposal made it no longer necessary to consider section 31 of the Quarantine Committee’s report (see page 48), containing the general comments.

Dr Morgan (United Kingdom of Great Britain and Northern Ireland) agreed on that point. If the suggestion in the last paragraph of section 31 were approved, it would mean a further amendment of the Regulations, including a definition of the term “highly receptive area.” He accordingly suggested that the Sub-Committee recommend that section 31 be referred back to the Committee on International Quarantine for further consideration.

Decision: The Sub-Committee agreed not to endorse the suggestion contained in section 31.

3. Other Matters considered by the Committee on International Quarantine

Vaccination requirements for children under one year of age

In answer to a question by Professor Canaperia (Italy), the Secretary stated that a questionnaire had been sent to governments asking them whether or not their health administrations would require certificates of vaccination against yellow fever and cholera for children under the age of one. The replies received had been studied by the Committee on International Quarantine which had agreed that
a suitable way to inform governments of their contents would be by publication in the next supplement (to the *Weekly Epidemiological Record*) on quarantine measures and vaccination certificate requirements; the supplement would be issued as soon as possible after 1 October 1956 instead of on 1 January 1957.

Professor Canaparia (Italy) said he was satisfied with that information.

In connexion with section 34 of the report (page 48), the Chairman referred to the proposed new model of the International Certificate of Vaccination or Revaccination against Smallpox (Appendix 4 to the Regulations) and called attention to the fact that approval of the new model would entail the adoption by the Health Assembly of additional regulations.

**Decision**: The Sub-Committee agreed to recommend the adoption of the revised model of Appendix 4—International Certificate of Vaccination or Revaccination against Smallpox (see resolution WHA9.49, page 82).

The Chairman noted that section 46 on Annexes A and B of the International Sanitary Regulations had already been dealt with by the Working Party on the Pilgrimage.

**Decision**: The Sub-Committee recommended approval of the third report of the Committee on International Quarantine, with the exceptions noted above.

2. **Annual Report on the Position of States and Territories under the International Sanitary Regulations**

Agenda, 6.8.3

The Chairman noted that there were no comments on the statements showing the position of States and territories under the International Sanitary Regulations, 1951, and the Additional Regulations, 1955, as of 19 March 1956.

He was grateful to the Sub-Committee for the expeditious way it had dispatched its business and to Dr Jafar for his conduct of the Working Party on the Pilgrimage.

*The meeting rose at 5.40 p.m.*

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**FOURTH MEETING**

*Tuesday, 22 May 1956, at 2.30 p.m.*

*Chairman: Dr G. D. W. Cameron (Canada)*

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1. **Adoption of the Report of the Sub-Committee**

The Chairman said that the purpose of the meeting was the consideration and adoption of the report of the Sub-Committee to the Committee on Programme and Budget. He asked for comments on the draft report before the meeting. (For text of the report as adopted by the Sub-Committee, see page 75.)

Mr Calderwood (United States of America) said that it seemed to him that the Rapporteur had accurately reported the actions of the Sub-Committee. There were, however, one or two points where a change in the wording might help to clarify the meaning.

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1 See footnote on p. 70.
viding for the abrogation of the pilgrimage clauses in the International Sanitary Regulations and for consequential modifications of certain provisions of the Regulations.

The phrases “in respect of” and “as amended by the proposal of the delegation of the United Kingdom of Great Britain and Northern Ireland” would thus be deleted. He proposed the deletion of the last phrase because it merely repeated what had been said earlier in the paragraph.

**Decision:** The United States proposal was adopted.

Mr Calderwood (United States of America) said that he had also a drafting change to propose to the paragraph headed “Paragraph 9—Application of the Regulations to Diseases other than the Quarantinable Diseases”. At the third meeting of the Sub-Committee the United States proposal that a report should be made to the Tenth World Health Assembly on the question had been adopted and in his view a more accurate description of the action taken at that meeting would be achieved if the last part of the paragraph, after “...six quarantinable diseases” were changed to “and submit a report with recommendations to the Tenth World Health Assembly”.

**Decision:** The United States proposal was adopted.

The CHAIRMAN asked whether there were any comments on the whole of the report.

Dr El Halawani (Egypt) asked for a clarification of the words “certain countries” in the paragraph headed “Paragraph 31—Submission and Consideration of Reservations”. Would the reservations of countries like Egypt be affected?

Dr Hood (Chief, International Quarantine Section), Secretary, said that as could be seen from paragraph 2 of the draft resolution on reservations to the International Sanitary Regulations, the territories mentioned (British Solomon Islands Protectorate, Fiji (with dependency), Gilbert and Ellice Islands Colony, Pitcairn Islands, St Lucia and Tonga Islands) were those on behalf of which the United Kingdom of Great Britain and Northern Ireland had made reservations. He suggested that the following change of wording would clarify the situation:

**Decides** that the reservations of Ceylon, Egypt, India, Pakistan, and those of the United Kingdom made on behalf of the British Solomon Islands Protectorate, Fiji (with dependency), Gilbert and Ellice Islands Colony, Pitcairn Islands, St Lucia and Tonga Islands...

Dr Jafar (Pakistan) agreed to the proposed rewording of the draft resolution.

Dr Morgan (United Kingdom of Great Britain and Northern Ireland), referring back to the rewording proposed by Mr Calderwood of the paragraph headed “Paragraph 9—Application of the Regulations to Diseases other than the Quarantinable Diseases”, said that the Committee on International Quarantine had considered the point at every meeting and had never been able to reach sufficient agreement to make a report. He thought that the wording in the draft report would provide for greater latitude because it did not force the Quarantine Committee to report to the next Health Assembly.

Dr Duren (Belgium) supported Dr Morgan’s point of view.

Mr Calderwood (United States of America), while appreciating Dr Morgan’s point, said that the Sub-Committee had at its third meeting adopted the proposal of the United States delegation. The present meeting was merely concerned with the accuracy of the Sub-Committee’s report on decisions already taken.

Dr Morgan (United Kingdom of Great Britain and Northern Ireland) asked whether Mr Calderwood would agree to the insertion of the words “if possible”.

Mr Calderwood (United States of America) said that, if it was thought desirable to make a change, the appropriate place for such a decision would be in the Committee on Programme and Budget.

Dr Morgan (United Kingdom of Great Britain and Northern Ireland) did not wish to press the point.

Dr MacCormack (Ireland) said that the object of the meeting was merely to remove ambiguities...
and to approve a correct report, and that matters of substance, such as the content of the paragraph in question, could be discussed when the report came before the Committee on Programme and Budget.

Professor Canaperia (Italy) drew attention to an ambiguity in the second sentence of the paragraph headed "Paragraph 19—Appendix 3, Yellow-Fever Vaccination Centres, which read: "Consequently, although the Sub-Committee endorsed the view expressed in the third report of the Committee on International Quarantine, it recommended that the matter be referred to the Committee on International Quarantine for further study." He proposed that the phrase "although the Sub-Committee endorsed the view expressed in the third report of the Committee on International Quarantine" should be deleted and that the text should read: "Consequently, the Sub-Committee recommended that the matter be referred to the Committee on International Quarantine for further study."

Decision: The Italian proposal was adopted.

The Chairman asked whether there were any further comments on the report and said that if there were none the Sub-Committee would adopt its report as amended.

It was so agreed.

The meeting rose at 3.10 p.m.
2. REPORT OF THE SUB-COMMITTEE ON INTERNATIONAL QUARANTINE TO THE COMMITTEE ON PROGRAMME AND BUDGET

The Sub-Committee on International Quarantine was set up by the Committee on Programme and Budget on 10 May 1956 to consider the third report of the Committee on International Quarantine (see Part II).

The Sub-Committee, open to delegations of all interested Member States and Associate Members, met on 16, 19, 21 and 22 May 1956.

The Sub-Committee elected Dr G. D. W. Cameron (Canada) as Chairman, Dr P. van de Calseyde (Belgium) as Vice-Chairman and Dr M. Yamaguchi (Japan) as Rapporteur.

The Sub-Committee established a working party, open to delegations of all interested Member States and Associate Members, to consider matters relating to the Mecca Pilgrimage. The Working Party, which elected Dr M. Jafar (Pakistan) as Chairman, met on 16 and 17 May 1956.

The Sub-Committee then considered the report of the Working Party (see page 67) embodying draft Additional Regulations amending the International Sanitary Regulations, together with an amendment submitted by the delegation of the United Kingdom of Great Britain and Northern Ireland (see page 58) relating to Annex B of the International Sanitary Regulations. It is proposed that the Committee on Programme and Budget recommend to the Health Assembly the adoption of these Regulations providing for the abrogation of the pilgrimage clauses in the International Sanitary Regulations and for consequential modifications of certain provisions of the Regulations.

The Sub-Committee proposed that the Committee on Programme and Budget recommend to the Health Assembly the adoption of the third report of the Committee on International Quarantine (see page 35), subject to the following observations and recommendations on the paragraphs of that report mentioned below:

Paragraph 9 — Application of the Regulations to Diseases other than the Quarantinable Diseases

The Sub-Committee proposed that the Committee on International Quarantine study the applicability of the International Sanitary Regulations to diseases other than the six quarantinable diseases, and submit a report with recommendations to the Tenth World Health Assembly.

Paragraph 19 — Appendix 3: Yellow-Fever Vaccination Centres

The Sub-Committee noted the statement of the delegate of the Government of Italy that ships' surgeons on the thirty-four of its merchant ships referred to were in fact government appointed and supervised public-health officers. Consequently, the Sub-Committee recommended that the matter be referred to the Committee on International Quarantine for further study.


The Sub-Committee proposed that the Committee on Programme and Budget recommend to the Health Assembly that the statement showing the position of States and territories under the International Sanitary Regulations, 1951, and the Additional Regulations, 1955, as on 21 May 1956, be noted (see Appendix, page 77).

Paragraph 30 — Reservations to the Additional Regulations, 1955

CEYLON

Article 1. The Sub-Committee recommended that the reservation be accepted in the terms submitted by the Government of Ceylon, substituting for the words "infected local area" where they follow the words "territory of a country", the words "infected with yellow fever", the reservation consequently reading:

The Government of Ceylon reserves the right to consider the whole territory of a country as infected with yellow fever whenever a case of yellow fever is reported from that country in terms of paragraphs (a) or (c) of the definition of "infected local area" in the Additional Regulations.

Article 6, paragraph 2 (b). The Sub-Committee recommended that the reservation be accepted in the terms submitted by the Government of Ceylon.
India

Article 1. The Sub-Committee recommended that the reservation be accepted in the terms submitted by the Government of India, substituting for the words "infected local area" where they follow the words "territory of a country", the words "infected with yellow fever", the reservation consequently reading:

The Government of India reserves the right to consider the whole territory of a country as infected with yellow fever whenever a case of yellow fever is reported from that country in terms of paragraphs (a) or (c) of the definition of "infected local area" in the Additional Regulations.

Article 6, paragraph 2 (b). The Sub-Committee recommended that the reservation be accepted in the terms submitted by the Government of India.

Union of South Africa

The Sub-Committee recommended that a reservation be accepted in the terms submitted by the Union of South Africa in a communication addressed to the Director-General (see page 68) as follows:

(a) The following reservation to Article I of the Additional Regulations, namely, the reservation by the Union of the right, for the purpose of measures to be taken in regard to arrivals in its territory, to consider as remaining infected with yellow fever those territories which were previously included within the yellow-fever endemic zone as provisionally delineated by the Organization; and

(b) Such modification of the Union's existing reservations to the International Sanitary Regulations as may become necessary consequent upon the acceptance by the Union of the Additional Regulations on the basis indicated at (a).

Paragraph 31 — Submission and Consideration of Reservations

The Sub-Committee proposed the adoption of a resolution submitted by the Government of Pakistan extending for an indefinite period the reservations of certain yellow-fever receptive countries accepted by the Fifth and Sixth World Health Assemblies for a period of five years,1 and a resolution making consequential changes in the reservations of certain countries by deleting the words "yellow-fever endemic zone" and substituting therefor the words "area infected with yellow fever".2

In view of the protection afforded yellow-fever receptive areas by the provisions in the International Sanitary Regulations, the Additional Regulations of 26 May 1955, and the reservations submitted by the governments and already accepted by the Health Assembly or recommended for acceptance by the Ninth World Health Assembly, and the extension of the five-year period referred to above, the Sub-Committee did not endorse the suggestions contained in paragraph 31.

In the last part of its report, not reproduced here, the Sub-Committee submitted four resolutions to the Committee on Programme and Budget. These resolutions were approved without discussion by that committee at its thirteenth meeting and subsequently adopted by the Health Assembly as resolutions WHA9.46, WHA9.47, WHA9.48 and WHA9.49 (for text, see pages 80-83).

1 See minutes of the third meeting of the Sub-Committee, p. 71, and para. 1 of resolution WHA9.47, p. 80.
2 See para. 2 of resolution WHA9.47, p. 80.
Appendix

POSITION OF STATES AND TERRITORIES
UNDER THE INTERNATIONAL SANITARY REGULATIONS, 1951, AND THE ADDITIONAL REGULATIONS, 1955
On 21 May 1956

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3. RESOLUTIONS RELATING TO INTERNATIONAL QUARANTINE

The following resolutions, recommended by the Sub-Committee on International Quarantine in its report to the Committee on Programme and Budget, were submitted to the Health Assembly in the fourth report of that committee and adopted without change by the Assembly at its twelfth plenary meeting on 23 May 1956.

WHA9.46 Third Report of the Committee on International Quarantine

The Ninth World Health Assembly,

Having considered the third report of the Committee on International Quarantine, including a report on the rejections and reservations to the Additional Regulations of 26 May 1955, amending the International Sanitary Regulations (World Health Organization Regulations No. 2) submitted by governments,¹

ADOPTS the third report of the Committee on International Quarantine, subject to the amendments made, and the recommendations by the present World Health Assembly.²

WHA9.47 Reservations to the International Sanitary Regulations

The Ninth World Health Assembly

1. DECIDES that the reservations of Ceylon, Egypt, India, Pakistan, and those of the United Kingdom of Great Britain and Northern Ireland made on behalf of British Solomon Islands Protectorate, Fiji (with dependency), Gilbert and Ellice Islands Colony, Pitcairn Islands, St Lucia and Tonga Islands, accepted by the Fifth and Sixth World Health Assemblies for a period of five years and which remain in effect after the entry-into-force of the Additional Regulations of 26 May 1955, may continue in effect until these countries are satisfied that such reservations are no longer necessary and consequently withdraw them; and

2. DECIDES that for reservations accepted by the Fifth and Sixth World Health Assemblies and remaining in effect in respect of countries which will become bound by the Additional Regulations of 26 May 1955 amending the International Sanitary Regulations (World Health Organization Regulations No. 2) with or without reservations accepted by this Health Assembly, the words “yellow-fever endemic zone” shall be deleted and replaced by the words “area infected with yellow fever”.

WHA9.48 Additional Regulations of 23 May 1956 amending the International Sanitary Regulations with respect to the Sanitary Control of Pilgrim Traffic

The Ninth World Health Assembly,

Considering that special measures for the sanitary control of pilgrim traffic approaching or leaving the Hedjaz during the season of the Pilgrimage are no longer required and that consequently the relevant provisions of the International Sanitary Regulations and of Annexes A and B thereto may be abrogated;

Having regard to Articles 2 (k), 21 (a) and 22 of the Constitution of the World Health Organization,

ADOPTS this 23rd day of May 1956, the following Additional Regulations:

¹ See p. 35.
² See report of the Sub-Committee on International Quarantine, p. 75.
ARTICLE I

1. In Articles 1, 102 and 103, Appendix 2 and Annexes A and B of the International Sanitary Regulations, there shall be made the following amendments:

Article 1 — Definitions of "pilgrim", "pilgrim ship", "Pilgrimage", "sanitary station", "season of the Pilgrimage" and "ship's surgeon"

Delete these definitions in their entirety.

Article 102

Delete this Article in its entirety.

Article 103

In paragraph 1, delete the words "Migrants or seasonal workers" and replace by the words "Migrants, seasonal workers or persons taking part in periodic mass congregations".

Appendix 2 — International Certificate of Vaccination or Revaccination against Cholera

In the text of this Appendix, delete the second paragraph in the English text commencing with the words "Notwithstanding the above provisions" and ending with the words "second injection", and in the corresponding French text with the words "Nonobstant les dispositions ci-dessus" and "seconde injection".

Annex A — Sanitary Control of Pilgrim Traffic approaching or leaving the Hedjaz during the Season of the Pilgrimage

Delete this Annex in its entirety.

Annex B — Standards of Hygiene on Pilgrim Ships and on Aircraft carrying Pilgrims

Delete this Annex in its entirety.

2. Each State bound by these Additional Regulations undertakes to require adequate standards of hygiene and accommodation on ships and aircraft carrying persons taking part in periodic mass congregations, and such standards shall be no less effective than those in effect under the International Sanitary Regulations prior to the entry-into-force of these Additional Regulations.

ARTICLE II

The period provided in execution of Article 22 of the Constitution of the Organization for rejection or reservation shall be six months from the date of the notification by the Director-General of the adoption of these Additional Regulations by the World Health Assembly.

ARTICLE III

These Additional Regulations shall come into force on the first day of January 1957.

ARTICLE IV

The following final provisions of the International Sanitary Regulations shall apply to these Additional Regulations: paragraph 3 of Article 106, paragraphs 1 and 2 and the first sentence of paragraph 5 of 107, 108 and paragraph 2 of 109, substituting the date mentioned in Article III of these Additional Regulations for that mentioned therein, 110 to 113 inclusive.

IN FAITH WHEREOF we have set our hands at Geneva this 23rd day of May 1956.

J. PARISOT
President of the World Health Assembly

M. G. CANDAU
Director-General of the World Health Organization
**WHA9.49  Additional Regulations of 23 May 1956 amending the International Sanitary Regulations with respect to the Form of the International Certificate of Vaccination or Revaccination against Smallpox**

The Ninth World Health Assembly,

Considering the need for the amendment of certain of the provisions of the International Sanitary Regulations (World Health Organization Regulations No. 2) as adopted by the Fourth World Health Assembly on 25 May 1951, with respect to the form of the International Certificate of Vaccination or Revaccination against Smallpox;

Having regard to Articles 2 (k), 21 (a) and 22 of the Constitution of the World Health Organization,

ADOPTS, this 23rd day of May 1956, the following Additional Regulations:

**ARTICLE 1**

In Appendix 4 of the International Sanitary Regulations (International Certificate of Vaccination or Revaccination against Smallpox), there shall be made the following amendments:

*Appendix 4 — International Certificate of Vaccination or Revaccination against Smallpox*

Delete the "box" in this appendix and replace by:

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<th>Date</th>
<th>Show by &quot;x&quot; whether:</th>
<th>Signature and professional status of vaccinator</th>
<th>Approved stamp</th>
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<td>Signature et qualité professionnelle du vaccinateur</td>
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ARTICLE II

Upon the entry-into-force of these Additional Regulations, the form of Certificate of Vaccination or Revaccination against Smallpox set forth in Appendix 4 of the International Sanitary Regulations may continue to be issued until the first day of October 1957. A certificate of vaccination so issued shall thereafter continue to be valid for the period for which it was previously valid.

ARTICLE III

The period provided in execution of Article 22 of the Constitution of the Organization for rejection or reservation shall be three months from the date of the notification by the Director-General of the adoption of these Additional Regulations by the World Health Assembly.

ARTICLE IV

These Additional Regulations shall come into force on the first day of October 1956.

ARTICLE V

The following final provisions of the International Sanitary Regulations shall apply to these Additional Regulations: paragraph 3 of Article 106, paragraphs 1 and 2 and the first sentence of paragraph 5 of 107, 108 and paragraph 2 of 109, substituting the date mentioned in Article IV of these Additional Regulations for that mentioned therein, 110 to 113 inclusive.

IN FAITH WHEREOF we have set our hands at Geneva this 23rd day of May 1956.

J. PARISOT  
President of the World Health Assembly

M. G. CANDAU  
Director-General of the World Health Organization
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