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SPECIAL COMMITTEE TO CONSIDER  
DRAFT INTERNATIONAL SANITARY REGULATIONS

PROVISIONAL MINUTES OF THE EIGHTEENTH MEETING

Palais des Nations, Geneva

Monday, 23 April 1951 at 2.15 p.m.

CHAIRMAN: Dr. M.T. MORGAN (United Kingdom)

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Note: Corrections to these provisional minutes should be submitted in writing to Miss Chadwick, Room A.571, within 48 hours of their distribution.

CONSIDERATION OF DRAFT INTERNATIONAL SANITARY REGULATIONS (Continued)

International Certificate of Vaccination or Revaccination against Smallpox  
(revised draft - annex 1)

The committee considered the revised draft form of the International Certificate of Vaccination or Revaccination against Smallpox, prepared in accordance with the decisions taken at the sixteenth meeting.

Dr. MACLEAN (New Zealand) proposed that the fourth column be headed "State whether primary vaccination", omitting the words "or revaccination".

In reply to a question by Dr. JAFAR (Pakistan) regarding the omission of the column headed "Origin and batch number of vaccine" which appeared on the certificate in the existing Convention, the CHAIRMAN said that the Expert Committee on International Epidemiology and Quarantine had not considered it important except in the case of yellow fever.

Dr. DUJARRIC de la RIVIERE (France), referring to the heading of the third column, asked if it would not be sufficient to have "Official stamp of authentication", explaining that the majority of medical practitioners did not have a seal or stamp.

The CHAIRMAN explained that the heading had been simplified so that, after the vaccination had been done, the vaccinator could complete the certificate, add his signature and professional qualification and affix the stamp approved by the health administration of the country or territory, and thus the traveller could leave without further delay.

Dr. RAJA (India) suggested that the heading should be: "Approved stamp of vaccinator", showing that the stamp was approved by the government concerned.

He asked whether the period of validity would start from the date of vaccination in regard to both primary vaccination and revaccination, and whether, in the latter case, it would not be justifiable to have a shorter period than three years.

The CHAIRMAN reminded the delegate of India that the committee had decided by vote that the result should not be recorded: the certificate would merely record that vaccination had been performed, and would become valid immediately.

Dr. HEMMES (Netherlands) proposed that "date of birth" be substituted for "age" in the first line.

Dr. RAJA (India) felt that it would be desirable to prescribe a period in respect of primary vaccination, adding that full immunity would be achieved within seven or eight days.

Dr. MACLEAN (New Zealand) referred to the vaccination of infants. He thought that in most countries it would be considered that an infant under three months old was not likely to have been exposed to infection and therefore suggested it might be stated on the certificate that vaccination was not required for an infant under three months.

Dr. DUJARRIC de la RIVIERE (France) believed that infants should be vaccinated as soon after birth as possible: it was because they did so in France that they had few cases of post vaccinal encephalitis. He would be opposed to waiting until they were three months old.

Dr. BELL (United States of America) was also opposed to an exemption for infants under three months old. He considered that was the best time to vaccinate them, and that they were just as susceptible to smallpox as adults or older children.

Regarding immunity, he said that immunization was different from vaccination and that the certificate was one of vaccination and not immunization.

Dr. MACLEAN (New Zealand) said that, whilst he agreed with the delegates of France and the United States, there might be occasions when an infant was required to travel by air within a few days of birth and there would not be time for vaccination to be done. He had suggested three months as the maximum period of exemption but would agree to one month if that was the view of the committee.

The CHAIRMAN said that as, according to the new form of certificate, vaccination would become valid immediately, an infant could be vaccinated at any time if a physician advised that it should be done.

Dr. van de CALSEYDE (Belgium) said there was some repetition between the words "has.....been vaccinated or revaccinated ....." in the third line, and the question was asked in the fourth column "State whether primary or revaccination".

The CHAIRMAN replied that it had been considered better to draft the form so that a definite statement must be made rather than so that merely the inappropriate word could be crossed out.

Dr. DUJARRIC de la RIVIERE (France) said that, although he had accepted the simplification of the certificate, he regretted that it did not include a space for a statement as to the origin and nature of the vaccine. He considered that

the qualification of the vaccinator and the quality of the vaccine were of equal importance, and in case of accident prompt measures could be taken if the origin and nature of the vaccine were known.

Dr. DUREN (Belgium) supported the view of the delegate of France with regard to the origin and nature of the vaccine. He would not ask for its inclusion in the certificate, but did ask whether, if certain governments felt that they wished to include it in their own certificates, such an addition would invalidate them.

The CHAIRMAN replied that, notwithstanding the final paragraph, he did not think that any government would object if others added information which might be useful.

A discussion took place on the question of whether vaccinators who were not medical practitioners should be permitted to use the approved stamp, with or without counter-signature by the medical officer in charge of the service.

The CHAIRMAN considered that it should be a matter for decision by the government of the country concerned: if such procedure were approved, the government would no doubt introduce an appropriate system for carrying it out.

Dr. DUJARRIC de la RIVIERE (France) agreed, saying that each government should be responsible for what is done in its own territory.

Dr. JAFAR (Pakistan) and Dr. RAJA (India) explained the customary procedures in their respective countries, where low-grade officials specially trained for the work - such as health visitors, sanitary inspectors, etc. - carried out vaccinations.

Dr. HALAWANY (Egypt) felt that, as the certificate was for international use, there must be approval by the governments concerned of the stamp used thereon. He therefore suggested that the word "approved" be included in the heading of the third column.

Dr. BIRAUD (Secretary) said that in the application of the Regulations, there were two questions which might give rise to serious difficulties.

If the right of certification were refused to any but approved vaccinators, it would, from the international point of view, be equivalent to depriving a large number of medical practitioners of a right which was conferred on them with their diplomas. Dr. Maystre of the World Medical Association had called attention to the matter in his observations (document A3-4/SR/39).

The second question was how all countries could be kept informed of forms of stamps or seals which had been adopted by other countries, and also, how could notifications of medical practitioners entitled to use such stamps be made known internationally.

The only practical identification would be for every stamp or seal to be numbered, but such a system would cause administrative difficulties and was not to be recommended.

The CHAIRMAN thought there was no suggestion in the minds of members of the committee of withholding a stamp from any practitioner whom the government of a country considered entitled to use it: it was a question to be decided by each government. The distribution of the stamp was also an internal matter. He added that similar stamps were used in connexion with the administration of other than medical matters.

Dr. PADUA (Philippines) said that the national laws of his country required that, even when signed by a medical practitioner, a vaccination certificate be authenticated by a quarantine officer. His government considered that the certificate of vaccination was a delicate matter and asked that there should be provision for authentication of the signature of the vaccinator.

Dr. MACLEAN (New Zealand) proposed the following amendments, which he thought would cover the point raised by the delegate of the Philippines:

that the third column be headed "Approved stamp";

that the second paragraph below should read:

"The stamp must be in a form approved by the health administration of the territory in which the vaccination is performed."

It would thus be left to each country to approve its own stamps.

Decision: The proposal of the delegate of New Zealand was adopted.

Dr. REID (Canada) referred again to the question of the validity of the certificate and Dr. RAJA (India) proposed that a period be included, in the first paragraph, in respect of primary vaccination.

Dr. BARRETT (United Kingdom) proposed that the certificate as amended be adopted.

Decision: The first vote resulted in 11 in favour and 11 against. A second vote was taken and the draft certificate was adopted, subject to the separate amendments which had been approved.

International Certificate of Vaccination Against Cholera (Revised draft - annex 2)

Dr. DUREN (Belgium) pointed out an error in the second paragraph of the French text, where "cinq jours" appeared instead of "six jours".

The CHAIRMAN, replying to Dr. JAFAR (Pakistan) who proposed deletion of the reference to validity in the second paragraph, recalled that the certificate had already been approved except for the amendment proposed by the delegate for South Africa in connexion with the smallpox certificate to change "official stamp" to "approved stamp" in the heading of Column 2, and to amend paragraph 4, first line, to read: "The approved stamp of the vaccinator must be in a form prescribed....."

Dr. DUJARRIC de la RIVIERE (France) said that as his delegation did not consider one dose of vaccine sufficient from a scientific point of view, he could only accept the certificate if the word "may" were substituted for "shall" in the first line below the form.

Decision: The proposal was accepted.

A discussion took place on the proposal of Dr. HALAWANY (Egypt) to specify the amount and strength of the dose without which, he held, it would be impossible to rely on the certificate. He suggested that 8,000 million vibrios per c.c. should be specified.

The CHAIRMAN recalled that the Expert Committee on International Epidemiology and Quarantine had in its report of 26 April 1949 (Document WHO.IC/Epid/8, Rev.1) recommended that "for practical purposes of international quarantine a single dose of vaccine should be accepted". It had further recommended that international standards be set up as soon as possible.

The SECRETARY said that the Expert Committee on Biological Standardization had unanimously declared that methods of appraising the value of vaccination were not yet available, particularly since the basis could not be the number of

vibrios alone. The committee considered that if the vaccine were to be liquid the content could not exceed 3,000 million per c.c. It therefore seemed desirable that no specific requirements should be laid down in the certificate until the expert committee had recommended standards.

Decision: After a further exchange of views, a vote was taken and the certificate of vaccination against cholera in document MH.433.51 was adopted, subject to the amendments proposed by the delegate for South Africa and the delegate for France.

Part VI - Sanitary Documents (continued)

Article 90 (continued)

Dr. MAMOEN (Indonesia) thought he had not made clear the position as regards the log-book. The sanitary documents under the quarantine regulations of Indonesia were bills of health, books of health and declarations of health. The book of health was a kind of diary of the state of health on board which was handed to every ship at its first port of call in Indonesia and was counter-signed by the harbour master at each subsequent port of call in the country. It was consulted by the health authority of a port before free pratique was given and facilitated medical examination of the ship. He proposed that the books of health should be included in the requirements under Article 90 and asked for postponement of a final decision until his delegation had circulated a memorandum giving full details.

Decision: A vote was taken and it was decided not to delay conclusion of consideration of Articles 90 and 92.

Appendix 5 - Maritime declaration of health

Dr. LENTJES (Netherlands) suggested that the period of time in the footnote (page 74) should be reduced to 28 days or twice the incubation period, in accordance with Article 6 paragraph 2(a) and with the decision taken on Article 76.

Dr. BARRETT (United Kingdom) felt that the suggestion of Dr. Raja (India) to specify "double the incubation period for each disease" might make things difficult for the master of the ship if there were no doctor on board.

Decision: It was agreed to amend "six weeks" in the first and second lines of the footnote to read "four weeks".

Dr. MACLEAN (New Zealand) thought twenty-eight days would not cover the case of plague among rodents and therefore suggested suppression of the reference to the footnote in question 2.

Dr. BARRETT (United Kingdom) wondered whether it would be appropriate to specify the same period as in the case of a local area under Article 3, namely one month.

Dr. JAFAR (Pakistan) suggested that since six weeks had been chosen arbitrarily in the first place, that period should be maintained as it would cover all cases.

Dr. MACLEAN (New Zealand) considered that the risk would be very considerable if abnormal mortality among rodents on board even seven or eight weeks before were not notified on arrival. He proposed that the footnote reference should be suppressed and question 2 should read: "Has plague occurred or been suspected among the rats or mice on board since the last port of call ..."

Decision: A vote was taken and the proposal was adopted,

Dr. de CARVALHO-DIAS (Portugal) suggested adding a further question to ascertain the number of crew and passengers disembarking to enter the country, which he considered would facilitate the sanitary formalities.

Decision: A vote was taken and the proposal was rejected.

Dr. DAENGSVANG (Thailand) proposed bringing the declaration into line with the measures laid down in Articles 50 and 59 by adding "or is the ship heavily infested with rats?" at the end of question 2.

Replying to a question by Dr. JAFAR (Pakistan) the CHAIRMAN said there was no definition of rat infestation and the only criteria were indicated in Article 46 paragraph 1(b) which stipulated that "Every vessel shall be .... permanently kept in such a condition that the number of rats on board is negligible".

Decision: The proposal was rejected by 7 votes to 6.

Dr. EL-FAR, Bey (Egypt) proposed that a question should be added enquiring whether the cargo included skins or hides, because of the danger of anthrax.

Decision: (1) A vote was taken and the proposal was rejected

(2) The Declaration was adopted as amended

Decision: In the absence of observations the schedule to the declaration was adopted.

#### Article 91

Mr. STOWMAN (United States of America) said the United States airlines were anxious for the addition in paragraphs 1 and 2 of "or a representative of the

aircraft operator" after "The pilot in command of the aircraft", because the pilot did not always have time to undertake the requirements.

Dr. BARRETT (United Kingdom) thought the dispensation should only be granted in the case of short journeys and that it was a matter for agreement between the two States concerned.

Mr. REIMER (United States of America) said the proposal was in accordance with the recommended practices of ICAO. The pilot was often not the best informed person to give the information required and moreover in the case of blame the operator would have to take responsibility.

Dr. BARRETT (United Kingdom) said his delegation could agree provided the person who signed the declaration had been on board throughout the voyage. He suggested "The pilot in command or member of the crew designated by him".

Mr. REIMER (United States of America) thought the health authority would prefer signature by the operator responsible who in the case of the United States was the operator of the airline and not necessarily the pilot.

Mr. MOULTON (ICAO) suggested "The pilot in command or his authorized agent". "Authorized agent" was defined in the ICAO agreement and the Air Conventions as the person responsible to the operator for recording all formalities concerning crew, passengers, baggage and goods and although he might not be on board he was generally in a better position than the captain of the aircraft to know about the conditions on board. It was the duty of the captain to fill out the details on the declaration but it had always been the practice for the operator or his authorized agent to sign at the bottom and swear to what had occurred on board.

Decision: It was decided by 6 votes to 5 to add the words "or his authorized agent" in Article 91 paragraphs 1 and 2 after "The pilot in command of an aircraft".

Article 92

A lengthy discussion took place on the question of the languages in which the certificates in Appendices 1, 2, 3 and 4 were to be printed.

Mr. STOWMAN (United States of America) supported by Dr. JAFAR (Pakistan) proposed that the forms should be printed in either English or French as well as an official language of the territory of issue. Up to the present the United States had printed the forms in English only. There had been no objections and they would be unwilling to go to the expense of printing in both languages.

Dr. DUJARRIC de la RIVIERE (France) was opposed to the proposal. The principle of issuing documents in two working languages had been adopted not only by WHO but also by the United Nations.

Mr. STOWMAN (United States of America) felt that the certificates in question could not be considered as WHO documents.

Mr. ERAVO (Chile) agreed that the use of English and French might be desirable in the case of inter-continental voyages but in the case of voyages between countries speaking the same language, as in South America for instance, it was a useless expense to print the forms in French and English.

Dr. DUJARRIC de la RIVIERE (France) said they should be printed in languages understood all over the world. With regard to whether the certificates were WHO documents, he pointed out that they formed part of the "Draft WHO Regulations No.2" under discussion. Moreover since Spanish had been admitted as one of the working

languages of WHO he saw no objection to the forms being printed in English, French, and Spanish as well as an official language of the country which printed them.

Dr. JAFAR (Pakistan) supported the first observation of the delegate of France.

Dr. MAMOEN (Indonesia) thought that the forms should be required to be filled in the same languages, since a form filled in in Arabic for instance would be unintelligible in many countries.

Decision: The United States proposal that the forms should be printed in French or English and in an official language of the territory of issue was rejected by 12 votes to 8.

Dr. de CARVALHO-DIAS (Portugal) proposed that the certificates should be printed in three languages, English, French and an official language of the territory of issue.

Decision: The proposed amendment was rejected by 12 votes to 7. The amendments having been rejected, Article 92 was retained as drafted.

Mr. STOWMAN (United States of America) proposed the addition of a second paragraph to Article 92 reading "Immunization documents provided by the military forces of each country and carried by members of these forces in uniform shall be accepted in lieu of the international certificates if judged by the Organization to be in substantial conformity with the medical requirements indicated in Appendices 2, 3 and 4".

He explained that when military forces left at short notice and in considerable numbers it was not convenient to have all their vaccination certificates changed. Moreover, military vaccination certificates contained details and covered additional vaccinations not required for international purposes.

In reply to Dr. DUJARRIC de la RIVIERE (France) who thought it would be necessary for WHO to lay down standards of comparison, Mr. STOWMAN (United States of America) said that the Organization had judged the international vaccination form, which differed from the form in the 1944 Convention, to be in substantial conformity therewith with the result that it was accepted throughout the world.

The CHAIRMAN suggested, and Mr. STOWMAN (United States of America) agreed, that the new paragraph might more appropriately come under Article 93.

Decision: The United States proposal was adopted by 10 votes to 3, the question of where the new paragraph should be inserted being left in abeyance.

The meeting rose at 5.10 p.m.

DRAFT INTERNATIONAL SANITARY REGULATIONS

Appendix 4

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST SMALLPOX

This is to certify that \_\_\_\_\_ age \_\_\_\_\_ sex \_\_\_\_\_  
whose signature follows \_\_\_\_\_ has on the  
date indicated been vaccinated or revaccinated by me against smallpox.

Date	Signature and professional status of vaccinator	Official stamp of vaccinator		State whether primary or revaccination
1.		1.	2.	
2.				
3.		3.	4.	
4.				

This certificate is valid for three years from the date of vaccination or most recent revaccination.

The official stamp of the vaccinator must be in the form prescribed by the Health Administration of the territory in which the vaccination is performed.

Any amendment of this Certificate or erasure or failure to complete any part of it may render it invalid.

(N.B. In the final form this Certificate will be bilingual.)

Appendix 2

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST CHOLERA

This is to certify that \_\_\_\_\_ age \_\_\_\_\_ sex \_\_\_\_\_  
whose signature follows \_\_\_\_\_ has on the date  
indicated been vaccinated or revaccinated by me against cholera.

Date	Signature and professional status of vaccinator	Official stamp of vaccinator
1.	1.	2.
2.		
3.	3.	4.
4.		
5.	5.	6.
6.		
7.	7.	8.
8		

The vaccination or revaccination shall be by a single dose of vaccine.

The validity of this certificate shall commence six days after the date of vaccination or, in the case of revaccination within six months, from the date of revaccination, and shall extend to a period of six months from the date of vaccination or revaccination.

Notwithstanding the above provisions, in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The official stamp of the vaccinator must be in the form prescribed by the Health Administration of the territory in which the vaccination is performed.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

(N.B. In the final form this Certificate will be bilingual.)