



# WORLD HEALTH ORGANIZATION

**INTERGOVERNMENTAL WORKING  
GROUP ON REVISION OF THE  
INTERNATIONAL HEALTH REGULATIONS**  
Provisional agenda item 3

**A/IHR/IGWG/3  
30 September 2004**

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## **Review and approval of proposed amendments to the International Health Regulations: draft revision**

1. Resolution WHA56.28 established an intergovernmental working group open to all Member States and regional economic integration organizations to review and recommend a draft revision of the International Health Regulations for consideration by the Health Assembly under Article 21 of the Constitution. It also requested the Director-General to complete the technical work required to facilitate reaching agreement on the revised International Health Regulations; to keep Member States informed about such technical work through the regional committees and other mechanisms; and to convene the intergovernmental working group at the appropriate time and on the agreement of the Executive Board at its 113th session.
2. Pursuant to the foregoing request, a working paper containing an initial proposed revision of the International Health Regulations was dispatched to all Member States and other bodies involved in January 2004.<sup>1</sup> The Executive Board at its 113th session agreed that the Working Group should be convened in the first half of November 2004.<sup>2</sup>
3. Consultations and technical meetings concerning the approach and the concrete provisions proposed in the working paper were held in all WHO regions.<sup>3</sup> Written comments were also received from Member States, a regional economic integration organization and several transport industry associations. The initial working paper was thoroughly revised on the basis of the comments received.
4. The draft revised International Health Regulations are set out in the Annex. A separate document explains the approach followed and clarifies the changes.<sup>4</sup>
5. An update on progress of the revision will be submitted to the Executive Board at its 115th session in January 2005, and the draft revised Regulations, if agreed upon, will be submitted directly to the Health Assembly in May 2005.

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<sup>1</sup> Document IGWG/IHR/Working paper/12.2003.

<sup>2</sup> See document EB113/2004/REC/2, Summary records of the second meeting.

<sup>3</sup> See document A/IHR/IGWG/2.

<sup>4</sup> Document A/IHR/IGWG/4.



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## PART I – DEFINITIONS, PURPOSE AND RESPONSIBLE AUTHORITIES

### *Article 1 Definitions*

1. For the purposes of the International Health Regulations (hereinafter the “IHR” or “Regulations”):

“affected area” means a geographical location within the territory of a State Party for which health measures have been recommended by WHO under these Regulations;

“affected” means conveyances, containers, cargo, goods or persons that are infected or contaminated, or carry sources of infection or contamination, so as to constitute a public health threat;

“aircraft” means an aircraft making an international voyage;

“airport” means any airport where international flights depart or arrive;

“arrival” of a conveyance means:

- (a) in the case of a seagoing vessel, arrival or anchoring in the defined area of a port;
- (b) in the case of an aircraft, arrival at an airport;
- (c) in the case of an inland navigation vessel, arrival either at a port or at a frontier post;
- (d) in the case of a train or road vehicle, arrival at a frontier post;

“baggage” means the personal effects of a traveller;

“competent authority” means the authority or entity responsible for the implementation and application of appropriate health measures under these Regulations;

“container” means an article of transport equipment:

- (a) of a permanent character and accordingly strong enough to be suitable for repeated use;
- (b) specially designed to facilitate the carriage of goods by one or more modes of transport, without intermediate reloading;
- (c) fitted with devices permitting its ready handling, particularly its transfer from one mode of transport to another; and
- (d) so designed as to be easy to fill and empty;

“container loading area” means a place or facility set aside for containers used in international traffic;

“contamination” means the presence of an infectious or toxic agent on a human or animal body surface, in/on a product prepared for consumption or on other inanimate objects, including conveyances, that may constitute a public health threat;

“conveyance” means an aircraft, ship, train, road vehicle or other means of transport, on an international voyage;

“conveyance operator” means the person or entity in charge of a conveyance or their agent;

“Director-General” means the Director-General of the World Health Organization;

“disease” means an animal or human illness that presents a risk of significant harm to humans caused by biological, chemical or radionuclear sources;

“disinfection” means the operation in which measures are taken to kill infectious agents on a human or animal body surface or in/on conveyances, cargo, goods, baggage and containers by direct exposure to chemical or physical agents;

“disinsection” means the operation in which measures are taken to kill the insect vectors of human diseases present in conveyances, cargo, goods, baggage and containers;

“event” means a manifestation of disease or an occurrence that creates a potential for disease;

“*free pratique*” means permission for a ship to enter a port, embark or disembark, discharge or load cargo or stores; for an aircraft, after landing, to embark or disembark, discharge or load cargo or stores; and for a train or road vehicle, upon arrival, to embark or disembark, discharge or load cargo or stores;

“goods” mean tangible products, including animals, transported on an international voyage, including for consumption on board a conveyance;

“infection” means the entry and development or multiplication of an infectious agent in the body of humans and animals, that may constitute a public health threat;

“inspection” means the examination, by the competent authority or under its supervision, of conveyances, containers, goods, baggage, areas or facilities, including relevant data, to determine if a public health threat exists;

“international traffic” means the movement of travellers, conveyances, containers, baggages or goods across an international border;

“international voyage” means:

- (a) in the case of a conveyance, a voyage between points of entry in the territories of more than one State, or a voyage between points of entry in the territory or territories of the same State if the conveyance has contacts with the territory of any other State on its voyage but only as regards those contacts;
- (b) in the case of a traveller, a voyage involving entry into the territory of a State other than the territory of the State in which that traveller commences his voyage;

“invasive” means the puncture or incision of the skin or insertion of an instrument or foreign material into the body;

“isolation” means separation of affected conveyances, containers, goods, baggage or persons from others in such a manner as to prevent the spread of infection or contamination;

“medical examination” means the preliminary assessment of a person by an authorized health worker, to determine his health status and potential public health risk to others, and may include the scrutiny of health documents, and a physical examination when justified by the circumstances of the individual case. Unless otherwise specified, medical examination may be either invasive or non-invasive;

“Organization” or “WHO” means the World Health Organization;

“permanent residence” has the meaning as defined in the national legislation of the State Party concerned;

“point of entry” means an international point of arrival or departure in a State;

“port” means a seaport or a port on an inland body of water;

“public health emergency of international concern” means an extraordinary event which is determined, as provided in these Regulations,

- (i) to constitute a public health threat to other States through international spread of disease and
- (ii) to require a coordinated international response;

“public health threat” means a serious and direct danger to the health of human populations;

“quarantine” means the restriction of activities and/or separation from others of suspect conveyances, containers, goods, baggage or persons in such a manner as to prevent the possible spread of infection or contamination;

“recommendation” and “recommended” refer to temporary or standing recommendations issued under these Regulations;

“reservoir” means an animal, plant or substance in which an infectious agent normally lives and whose presence may constitute a public health threat;

“ship” means a seagoing or an inland navigation vessel on an international voyage;

“standing recommendation” means non-binding advice issued by WHO for specific ongoing public health threats pursuant to Article 14 of these Regulations regarding appropriate health measures for routine or periodic application needed to prevent or reduce the international spread of disease and minimize interference with international traffic;

“surveillance” means the systematic ongoing collection, collation and analysis of data and the timely dissemination of public health information for assessment and action as necessary;

“suspect” means conveyances, containers, cargo, goods, baggage or persons considered by the State Party as having been exposed to a public health threat and a possible source for further spread of disease;

“temporary recommendation” means non-binding advice issued by WHO pursuant to Article 13 of these Regulations for application on an ad hoc, time-limited, risk-specific basis, as a result of a public health emergency of international concern, to prevent or reduce the international spread of disease and minimize interference with international traffic;

“temporary residence” has the meaning as defined in the national legislation of the State Party concerned;

“traveller” means a person, including a crew member, undertaking an international voyage;

“vector” means an insect or other animal which normally transports an infectious agent that constitutes a public health threat;

2. Unless otherwise specified or determined by the context, reference to these Regulations includes the annexes thereto.

3. The use in these Regulations of one gender shall be considered as including a reference to the other gender, unless the context requires otherwise.

### *Article 2 Purpose*

The purpose of these Regulations is to protect against, control, and respond to the international spread of disease in ways that are commensurate with the threat to public health, and which would avoid unnecessary interference with international traffic.

### *Article 3 Responsible authorities*

1. States Parties shall designate the authority responsible over the whole of their territories for the implementation of health measures under these Regulations.

2. States Parties shall designate as appropriate the authorities responsible within their respective jurisdictions for the implementation and application of health measures under these Regulations.

3. States Parties shall designate a National IHR Focal Point, which shall be accessible at all times for communications from the WHO IHR Contact Points provided for in paragraph 4 of this Article. The functions of National IHR Focal Points shall include:

(a) sending to WHO IHR Contact Points, on behalf of the State Party concerned, urgent communications concerning the implementation of these Regulations, in particular under Articles 5 to 10 and 45; and

(b) distributing information to, and consolidating input from, relevant sectors of the administration of the State Party concerned, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals and other government departments.

States Parties may entrust National IHR Focal Points with additional functions related to the implementation of these Regulations and shall inform WHO accordingly.



4. WHO shall designate IHR Contact Points, which shall be accessible at all times for communications from National IHR Focal Points. The WHO IHR Contact Points shall send urgent communications concerning the implementation of the present Regulations, in particular under Articles 5 to 10 and 45, to the National IHR Focal Points of the States Parties concerned. WHO IHR Contact Points may be designated by WHO at the Headquarters and at the regional level of the Organization.

5. States Parties shall provide WHO with contact details of the National IHR Focal Points and WHO shall provide States Parties with contact details of WHO IHR Contact Points. These contact details shall be continuously updated and annually confirmed. WHO shall make available to all States Parties the contact details of the National IHR Focal Points it receives pursuant to this Article.

## **PART II – INFORMATION AND RESPONSE**

### *Article 4 Surveillance*

1. Each State Party shall develop, as soon as possible but no later than five years from the date of entry into force of these Regulations for that State Party, the capacity to detect, assess, notify and report events in accordance with these Regulations, as specified in Annex 1.

2. WHO shall provide, subject to the availability of resources, technical assistance and training at the request of States Parties, to facilitate the strengthening of the capacities referred to in paragraph 1 of this Article.

3. WHO shall collect information regarding events through its surveillance activities, and assess their potential to cause international disease spread and possible interference with international traffic.

### *Article 5 Notification*

1. Each State Party shall assess events occurring within its territory by using the decision instrument in Annex 2. Each State Party shall notify WHO, by the most efficient means of communication available and within 24 hours of receipt of evidence, of all events which may constitute a public health emergency of international concern within its territory according to the decision instrument, as well as any health measure implemented in response to those events.

2. Following a notification, a State Party shall continue to communicate to WHO timely, accurate and sufficiently detailed public health information, including case definitions, laboratory results, source and type of the risk, number of cases and deaths, conditions affecting the spread of the disease and the health measures employed.

### *Article 6 Consultation*

In the case of events occurring within its territory not requiring notification as provided in Article 5, in particular those events for which there is insufficient information available to complete the decision instrument, a State Party may nevertheless keep WHO advised thereof through the National IHR Focal Point and consult with WHO on appropriate health measures. Such communications shall be treated in accordance with paragraphs 2 to 4 of Article 9.

*Article 7 Other reports*

1. WHO may take into account reports from sources other than notifications or consultations and, before taking any action based on such reports, shall attempt to obtain verification of these reports in accordance with the verification procedures set forth in Article 8 from the State Party in whose territory the event is allegedly occurring.
2. States Parties shall inform WHO within 24 hours of receipt of evidence of a public health threat outside its territory that may cause international disease spread, as manifested by exported or imported:
  - (a) human cases; or
  - (b) vectors which carry infection or contamination.
3. States Parties shall inform WHO of health measures they implement that significantly interfere with international traffic and which they are applying based on an event in an area not covered by a temporary or standing recommendation. Significant interference means refusal of entry or departure or delaying, for more than 24 hours, the entry or departure of conveyances or of [xxx] or more travellers.

*Article 8 Verification*

1. WHO shall request, in accordance with paragraph 1 of Article 7, verification from a State Party of reports from sources other than notifications or consultations of events which may constitute a public health emergency of international concern allegedly occurring in the State's territory. In such cases, WHO shall inform the State Party concerned regarding the reports it is seeking to verify.
2. Each State Party, when requested by WHO, shall verify and provide the available information on the status of such events as rapidly as possible, and in all instances provide an initial reply or acknowledgement within 24 hours of the request. Each State Party shall continue to communicate to WHO such information, including relevant information as described in paragraph 2 of Article 5.
3. When WHO, through its surveillance activities, receives information of an event that may constitute a public health emergency of international concern, it shall offer to collaborate with the State Party concerned in assessing the potential for international disease spread, possible interference with international traffic and the adequacy of control measures. When necessary, this collaboration may include the offer to conduct or coordinate international on-site assessments; in such cases WHO shall provide to the State Party concerned information supporting such an offer. If the State Party does not accept the offer of collaboration, WHO may share, with other States Parties, the information it has received, the assessment it has reached as well as the nature of the assistance which has been offered, and may call upon the State Party to reconsider the offer of collaboration.

*Article 9 Provision of information by WHO*

1. Subject to paragraph 2 of this Article, WHO shall send to all States Parties, as soon as possible and by the most efficient means available, relevant public health information which it has received under Articles 4 to 8 inclusive.
2. WHO shall use information received under Articles 5 and 6 and paragraph 2 of Article 7 for verification, assessment and assistance purposes under these Regulations and, unless otherwise agreed

with the States referred to in those provisions, shall not make this information generally available to other States, until such time as:

- (a) the event is determined to constitute a public health emergency of international concern in accordance with Article 10; or
  - (b) information evidencing the international spread of the infection or contamination has been confirmed by WHO in accordance with established epidemiological principles; or
  - (c) there is evidence that
    - (i) control measures against the international spread are unlikely to succeed because of the nature of the contamination, disease agent, vector or reservoir; or
    - (ii) the State Party lacks the operational capacity to carry out necessary measures to prevent further spread of disease; or
  - (d) the nature and scope of the international movement of travellers, conveyances, containers, cargo or goods that may be affected by the infection or contamination requires the immediate application of international control measures.
3. When information received by WHO under paragraph 2 of this Article is made available to States Parties in accordance with these Regulations, WHO may also make it available to the public if other information about the same event has already become publicly available and there is a need for the dissemination of authoritative and independent information.
4. WHO shall inform the States referred to in paragraph 2 of this Article of its intention to make such information available under this Article.

*Article 10 Determination of a public health emergency of international concern*

1. WHO shall determine on the basis of the information received, in particular from the State where an event is occurring, whether that event constitutes a public health emergency of international concern in accordance with the criteria and the procedure set out in these Regulations.
2. If the Director-General considers, based on his assessment under these Regulations, that a public health emergency of international concern is occurring, he shall consult with the State Party in whose territory the event arises, and inform it of his preliminary determination. If the Director-General and the State Party are in agreement regarding this determination, the Director-General shall, in accordance with the procedure set forth in Article 49, seek the views of the Committee established under Article 48 (hereinafter the “Emergency Committee”) on appropriate temporary recommendations.
3. If the Director-General and the State Party in whose territory the event arises do not come to a consensus in a timely manner on whether the event constitutes a public health emergency of international concern, the Director-General shall seek the views of the Emergency Committee, in accordance with the procedure set forth in Article 49.
4. In determining whether an event constitutes a public health emergency of international concern, the Director-General shall consider:

- (a) the decision instrument contained in Annex 2;
- (b) the advice of the Emergency Committee;
- (c) scientific principles as well as the available scientific evidence and information; and
- (d) an assessment of the risk to human health, of the risk of international spread of disease and of interference with international traffic.

5. Where WHO determines that a public health emergency of international concern is occurring, it shall consult with the State Party in whose territory the event arises and shall thereafter:

- (a) inform States Parties of the occurrence of the public health emergency of international concern and of the health measures taken by the State Party concerned; and
- (b) make appropriate temporary recommendations.

WHO may subsequently make such information and recommendations available to the general public.

6. WHO shall, after consulting with the State or States in whose territory the public health emergency of international concern has occurred, inform States Parties when it determines that a public health emergency of international concern has ended. This determination shall be made in accordance with Article 49.

#### *Article 11 Response*

1. Each State Party shall develop, as soon as possible but no later than five years from the date of entry into force of these Regulations, the capacity to respond promptly and effectively to public health threats and public health emergencies of international concern as set out in Annex 1.

2. At the request of a State Party, WHO shall collaborate in the response to public health threats and other events by providing technical guidance and assistance and by assessing the effectiveness of the control measures in place, including the mobilization of international teams of experts for on-site assistance, if appropriate.

3. If WHO, in consultation with the States Parties concerned as provided in Article 10, determines that a public health emergency of international concern is occurring, it may offer, in addition to the support indicated in paragraph 2 of this Article, further assistance to the State Party, including an assessment of the severity of the international threat and the adequacy of control measures. When necessary, this collaboration may include the offer to conduct or coordinate international on-site responses and in such cases WHO shall provide to the State Party concerned information supporting such responses. If the State Party does not accept the offer of collaboration, WHO may share, with other States Parties, the information it has received, the assessment it has reached as well as the nature of the assistance which has been offered, and may call upon the State Party to reconsider the offer of collaboration.

4. When requested by WHO, States Parties should provide, within their available resources, support to WHO-coordinated response activities.

5. WHO shall offer to provide appropriate guidance and assistance to other States affected by the public health emergency of international concern.
6. States Parties shall facilitate the efficient and effective implementation of WHO's verification and response activities under these Regulations.

*Article 12 Cooperation of WHO with international organizations and bodies*

1. WHO shall cooperate and coordinate its activities, as appropriate, with other competent international organizations or bodies in the implementation of these Regulations, including through the conclusion of agreements and other similar arrangements.
2. In cases in which notification or verification of, or response to, an event is also within the competence of other international organizations or bodies, WHO shall coordinate its activities with such organizations or bodies in order to ensure the application of adequate measures for the protection of public health.
3. Notwithstanding the foregoing, nothing in these Regulations shall preclude or limit the provision by WHO of advice, support, or technical or other assistance for public health purposes.
4. The Committee established pursuant to Article 50 of these Regulations (hereinafter the "Review Committee") shall review and monitor the coordination between WHO and other international organizations and bodies referred to in the present Article.

### **PART III – RECOMMENDATIONS**

*Article 13 Temporary recommendations*

1. If WHO determines, in consultation with the States Parties concerned, as provided in Article 10, that a public health emergency of international concern is occurring, it shall make temporary recommendations in accordance with Article 49. These recommendations may include health measures to be implemented by the State Party experiencing the public health emergency of international concern, or by other States, regarding conveyances, containers, cargo, goods, baggage and/or persons to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic. WHO may, in accordance with Article 49, modify or terminate its temporary recommendations, as appropriate, and may make such recommendations after it has determined that a public health emergency of international concern has ended, for the purpose of preventing or promptly detecting its recurrence.
2. WHO may make temporary recommendations concerning the application of health measures by conveyance operators. WHO shall inform conveyance operators, through the relevant international agencies responsible for disseminating such information, of such temporary recommendations, including their modification or termination.
3. Temporary recommendations shall expire 90 days after their issuance. They may be extended by WHO for additional periods of up to 90 days in accordance with Article 49.

*Article 14 Standing recommendations*

WHO may make standing recommendations of appropriate health measures in accordance with Article 54 for routine or periodic application. Such measures may be applied by States Parties regarding conveyances, containers, goods, baggage and/or persons for specific, ongoing public health threats in order to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic. WHO may, in accordance with Article 54, modify or terminate such recommendations, as appropriate.

*Article 15 Criteria for recommendations*

When issuing, modifying or terminating temporary or standing recommendations, the Director-General shall consider:

- (a) the advice of the Emergency Committee or the Review Committee, as the case may be;
- (b) scientific principles as well as the available scientific evidence and information;
- (c) health measures that, on the basis of a risk assessment appropriate to the circumstances are not more restrictive of international traffic and human rights than reasonably available alternatives that would achieve the appropriate level of health protection;
- (d) relevant international standards and instruments, including the standards, guidelines and codes of practice adopted by the Codex Alimentarius Commission if applicable; and
- (e) activities undertaken by other relevant international organizations and bodies.

With respect to temporary recommendations, the consideration by the Director-General of subparagraphs (d) and (e) of this Article may be subject to limitations imposed by urgent circumstances.

*Article 16 Recommendations with respect to conveyances, containers, goods, cargo and persons*

1. Recommendations made by WHO with respect to conveyances, containers, goods and cargo may include the following:

- no health measures required;
- require manifest and routing;
- require inspection;
- require proof of measures taken on departure or in transit to eliminate infection or contamination;
- require treatment of the conveyances, containers, goods or cargo to remove infection or contamination, including vectors and reservoirs;
- require isolation or quarantine;

- require destruction of infected or contaminated cargo, goods or baggage if no available treatment or process will otherwise be successful; and
  - refuse departure or entry.
2. Recommendations made by WHO with respect to persons may include the following:
- no health measures required;
  - require travel history in affected areas;
  - require proof of medical examination;
  - require medical examination;
  - require proof of vaccination or other prophylaxis;
  - require vaccination or other prophylaxis;
  - place suspects under surveillance;
  - require quarantine or other health measures for suspects;
  - require isolation of affected persons; and
  - refuse entry of persons from affected areas.

## **PART IV – POINTS OF ENTRY**

### *Article 17 General obligations*

Each State Party shall, in addition to the other obligations provided for under these Regulations:

- (a) ensure that the capacities set forth in Annex 1 for designated points of entry are developed within the timeframe provided in paragraph 1 of Article 4 and paragraph 1 of Article 11;
- (b) identify the competent authorities at each designated point of entry in its territory; and
- (c) furnish to WHO, when requested, relevant data concerning sources of infection or contamination, including vectors and reservoirs, at its points of entry, which could result in international disease spread.

*Article 18 Airports and ports*

1. States Parties shall designate the airports and ports that shall develop the capacities provided in Annex 1.
2. States Parties shall ensure that Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates are issued in accordance with the requirements in Article 35 of these Regulations and the model provided in Annex 3.
3. Each State Party shall send to WHO a list of ports authorized to offer:
  - (a) the issuance of Ship Sanitation Control Certificates and the provision of the services referred to in Annexes 1 and 3; or
  - (b) the issuance of Ship Sanitation Control Exemption Certificates only.

Each State Party shall inform WHO of any changes which may occur to the status of the listed ports. WHO shall publish the information received under this paragraph.

4. WHO shall, at the request of the State Party concerned, arrange to certify, after an appropriate investigation, that an airport or port in its territory meets the requirements referred to in paragraphs 1 and 3 of this Article. These certifications may be subject to periodic review by WHO, in cooperation with the State Party.
5. WHO, in collaboration with competent international organizations, shall develop and publish the certification requirements for airports and ports under this Article.

*Article 19 Ground crossings*

Whenever, in the opinion of a State Party, the volume of international traffic is sufficiently important, and where justified by public health considerations, that State Party shall designate ground crossings that shall develop the capacities provided in Annex 1.

*Article 20 Competent authorities*

1. The competent authorities shall:
  - (a) be responsible for monitoring conveyances, containers, cargo, goods and baggage departing and arriving from affected areas, to ensure that they are maintained in such a condition that they are free of sources of infection or contamination, including vectors and reservoirs;
  - (b) ensure that facilities used by travellers at points of entry are maintained in a sanitary condition and are kept free of sources of infection or contamination, including vectors and reservoirs;
  - (c) be responsible for the supervision of any deratting, disinfection, disinsection or decontamination of conveyances, containers, goods, baggage or persons, as appropriate under these Regulations;



- (d) advise conveyance operators, as far in advance as possible, of their intent to apply control measures to a conveyance, and shall provide, where available, written information concerning the methods to be employed;
  - (e) be responsible for the supervision of the removal and safe disposal of any contaminated water or food, human or animal dejecta, wastewater and any other contaminated matter from a conveyance; and
  - (f) take all practicable measures consistent with these Regulations to monitor and control the discharge by ships of sewage, refuse, ballast water and other potentially disease-causing matter which might contaminate the waters of a port, river or canal, lake or other international waterway.
2. Health measures recommended by WHO for conveyances, containers, goods, baggage or travellers arriving from an affected area may be reapplied on arrival, if there is evidence that the measures applied on departure from the affected area were unsuccessful.
3. Disinsection, deratting, disinfection, decontamination and other sanitary procedures shall be carried out so as to avoid as far as possible injury or discomfort to persons or damage to conveyances, containers, cargo, goods or baggage.

## **PART V – PUBLIC HEALTH MEASURES**

### **Chapter I – General provisions**

#### *Article 21 Health measures on arrival and departure*

1. Subject to applicable international agreements and Articles 28, 38 and 42 of these Regulations, a State Party may require for public health purposes, on arrival or departure:
- (a) with regard to travellers:
    - (i) information concerning the traveller's destination so that he may be contacted;
    - (ii) information concerning the traveller's itinerary in or near an affected area or other possible contacts with infection or contamination prior to arrival, as well as review the traveller's health documents if they are required under these Regulations; and/or
    - (iii) a non-invasive medical examination;
  - (b) inspection of conveyances, containers, cargo, goods and baggage.
2. On the basis of evidence of a public health threat obtained through the measures provided in paragraph 1 of this Article, States Parties may apply additional health measures in accordance with these Regulations.

## Chapter II – Special provisions for conveyances and conveyance operators

### *Article 22 Conveyance operators*

1. States Parties shall take all practicable measures consistent with these Regulations to ensure that conveyance operators:

- (a) comply with the health measures recommended by WHO and adopted by the State Party;
- (b) inform travellers of the health measures recommended by WHO and adopted by the State Party for application on board; and
- (c) permanently keep conveyances for which they are responsible free of sources of infection or contamination, including vectors and reservoirs. The application of measures to control sources of infection or contamination may be required if evidence is found on board during an inspection.

2. Specific provisions pertaining to conveyances and conveyance operators under this Article are provided in Annex 4. Specific measures applicable to conveyances and conveyance operators with regard to vector-borne diseases are provided in Annex 5.

### *Article 23 Ships and aircraft in transit*

Subject to Article 39 or as provided in applicable international agreements, no health measure shall be applied by a State Party to:

- (a) a ship not coming from an affected area which passes through a maritime canal or waterway in the territory of that State Party on its way to a port in the territory of another State. Any such ship shall be permitted to take on, under the supervision of the competent authority, fuel, water and supplies;
- (b) a ship which passes through waters within its jurisdiction without calling at a port or on the coast; and
- (c) an aircraft in transit at an airport within its jurisdiction, except that the aircraft may be restricted to a particular area of the airport.

### *Article 24 Affected conveyances*

1. If evidence of a public health threat, including sources of infection and contamination, is found on board a conveyance during an inspection, the competent authority shall consider the conveyance as affected and may:

- (a) disinfect, decontaminate, disinsect or derat the conveyance, as appropriate, or cause these measures to be carried out under its supervision; and
- (b) decide in each case the technique employed to secure an adequate level of control of the public health threat as provided in these Regulations. Where there are methods or materials advised by WHO for these procedures, these should be employed.

The competent authority may implement additional health measures, including isolation of the conveyances, as necessary, to prevent the spread of disease.

2. If the competent authority for the point of entry is not equipped to carry out the control measures required under this Article, the affected conveyance may nevertheless be allowed to depart, subject to the following conditions:

- (a) the competent authority shall, at the time of departure, inform the competent authority for the next known point of entry of the type of information referred to under subparagraph (b); and
- (b) in the case of a ship, the evidence found and the control measures required shall be noted in the Ship Sanitation Control Certificate.

Any such conveyance shall be permitted to take on, under the supervision of the competent authority, fuel, water and supplies.

3. A conveyance that has been considered as affected shall cease to be regarded as such when the competent authority is satisfied that:

- (a) the measures provided in paragraph 1 of this Article have been effectively carried out; and
- (b) there are no conditions on board that could constitute a public health threat.

#### *Article 25 Ships or aircraft at points of entry*

1. Subject to Article 39 or as provided in applicable international agreements, a ship or an aircraft shall not be prevented for public health reasons from calling at any point of entry. However, if the point of entry is not equipped for applying health measures under these Regulations, the ship or aircraft may be ordered to proceed at its own risk to the nearest suitable point of entry available to it, unless the ship or aircraft has an operational problem which would make this diversion unsafe.

2. Subject to Article 39 or as provided in applicable international agreements, ships or aircraft shall not be refused *free pratique* by States Parties; in particular they shall not be prevented from embarking or disembarking, discharging or loading cargo or stores, or taking on fuel, water and supplies. States Parties may subject the granting of *free pratique* to inspection and, if a source of infection or contamination is found on board, the carrying out of necessary disinfection, decontamination, disinsection or deratting.

3. Whenever practicable and subject to the previous paragraph, a State Party shall authorize the granting of *free pratique* by radio or other communication means to a ship or an aircraft when on the basis of information received from it prior to its arrival, the State Party is of the opinion that the arrival of the ship or aircraft will not result in the introduction or spread of disease.

4. Officers in command of ships or pilots in command of aircraft, or their agents, shall make known to the port or airport control as early as possible before arrival at the port or airport of destination any cases of illness or evidence of a public health threat on board. This information must be immediately relayed to the competent authority for the port or airport.

5. The following shall apply if a suspect or affected aircraft, for reasons beyond the control of the pilot in command, lands elsewhere than at the airport at which the aircraft was due to land:

- (a) the pilot in command or other person in charge shall make every effort to communicate without delay with the nearest competent authority;
- (b) as soon as the competent authority has been informed of the landing it may apply health measures recommended by WHO or other health measures provided in these Regulations;
- (c) unless required for emergency purposes or for communication with the competent authority, no traveller on board the aircraft shall leave its vicinity and no cargo shall be removed from that vicinity, unless authorized by the competent authority; and
- (d) when all health measures required by the competent authority have been completed, the aircraft may, so far as such health measures are concerned, proceed either to the airport at which it was due to land, or, if for technical reasons it cannot do so, to a conveniently situated airport.

6. Notwithstanding the provisions contained in this Article, the officer in command of a ship or pilot in command of an aircraft may take such emergency measures as may be necessary for the health and safety of travellers on board. He shall advise the competent authority as early as possible concerning any measures taken pursuant to this paragraph.

### **Chapter III – Special provisions for travellers**

#### *Article 26 Travellers under surveillance*

A suspect traveller who on arrival is placed under surveillance may continue his international voyage, if, in the opinion of the State Party, the traveller does not pose an imminent public health threat and the State Party informs the competent authority of the point of entry at destination, if known, of his expected arrival. On arrival, the traveller shall report to that authority. For the purpose of this Article “placed under surveillance” means the monitoring of the health status of a traveller over time with the purpose of determining the risk of disease transmission.

#### *Article 27 Health measures relating to admission*

1. Subject to Article 39 and Annexes 6 and 7, medical examination, vaccination or other prophylaxis shall not be required as a condition of admission of any traveller to a State Party. The State Party, however, is not precluded from requiring medical examination, vaccination or other prophylaxis as a condition of admission of travellers seeking temporary or permanent residence.
2. No medical examination, vaccination or prophylaxis under these Regulations shall be carried out on travellers without their prior express informed consent or that of their parents or guardians, except as provided in paragraph 4 of this Article.
3. Travellers to be vaccinated or offered prophylaxis pursuant to these Regulations, or their parents or guardians, shall be informed of any risk associated with vaccination or with non-vaccination and with the use or non-use of prophylaxis. States Parties shall inform medical practitioners of these requirements.

4. If a traveller for whom a State Party may require medical examination, vaccination or other prophylaxis under paragraph 1 of this Article fails to consent to any such measure, or refuses to provide the information or the documents referred to in paragraph 1(a) of Article 21, the State Party concerned may, subject to Articles 28, 38, and 42, deny admission to that traveller, or if there is evidence of an imminent public health threat and to the extent necessary to control such a threat, it may compel the traveller to undergo:

- (a) the least intrusive medical examination that would achieve the public health objective;
- (b) vaccination or other prophylaxis; or
- (c) additional established health measures that prevent or control the spread of disease, including isolation, quarantine or placing the traveller under surveillance.

5. Any medical examination, medical procedure, vaccination or other prophylaxis which involves a risk of disease transmission shall only be performed on, or administered to, a traveller in accordance with internationally-recognized safety standards so as to minimize such a risk.

#### *Article 28 Humane treatment of travellers*

In implementing health measures under these Regulations, States Parties shall treat travellers in a considerate and humane manner in order to minimize any discomfort or distress associated with such measures, including:

- (a) treating all travellers with courtesy and respect;
- (b) taking cultural or religious beliefs or concerns into consideration to the extent possible consistent with the health measures and public health objective concerned; and
- (c) providing adequate food and water, appropriate accommodations and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication and other appropriate assistance for travellers who are quarantined, isolated, or subject to medical examinations or other procedures for public health purposes.

### **Chapter IV – Special provisions for goods, containers and container loading areas**

#### *Article 29 Goods in transit*

Subject to Article 39 and as provided in applicable international agreements, goods, other than live animals, in transit without transshipment, shall not be subject to health measures under these Regulations or detained for public health purposes.

#### *Article 30 Container and container loading areas*

1. States Parties shall ensure, as far as practicable, that container shippers use international traffic containers that are kept free from sources of infection or contamination, including vectors and reservoirs, particularly during the course of packing.

2. States Parties shall ensure, as far as practicable, that container loading areas are kept free from sources of infection or contamination, including vectors and reservoirs.
3. Whenever in the opinion of a State Party, the volume of international container traffic is sufficiently large, the competent authorities shall take all practicable measures consistent with these Regulations, including carrying out inspections, to assess the sanitary condition of container loading areas and containers, to ensure that the obligations contained in these Regulations are implemented.
4. Facilities for the inspection and isolation of containers shall be available at container loading areas.
5. Container consignees and consignors shall make every effort to avoid cross contamination when multiple-use loading of containers is employed.

## **PART VI – HEALTH DOCUMENTS**

### *Article 31 General rule*

[Subject to Article 39,] no health documents, other than those provided for under these Regulations or in recommendations issued by WHO, shall be required in international traffic, provided however that this Article shall not apply to travellers seeking temporary or permanent residence, nor shall it apply to document requirements concerning the public health status of goods or cargo in international trade pursuant to applicable international agreements.

### *Article 32 Certificates of vaccination or other prophylaxis*

1. Vaccines and prophylaxis for travellers administered pursuant to these Regulations or to recommendations, and certificates relating thereto, shall conform to the provisions of Annex 6 and, when applicable, Annex 7 with regard to specific diseases.
2. A traveller in possession of a certificate of vaccination or other prophylaxis issued in conformity with Annex 6 and, when applicable, Annex 7 shall not be denied entry as a consequence of the disease to which the certificate refers, even if coming from an affected area.

### *Article 33 Maritime Declaration of Health*

1. The master of a ship, before arrival at its first port of call in the territory of a State Party, shall ascertain the state of health on board, and, except when that State Party does not require it, the master shall, on arrival, complete and deliver to the competent 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 of a ship, or the ship's surgeon if one is carried, shall supply any information required by that authority as to health conditions on board during an international voyage.
3. A Maritime Declaration of Health shall conform to the model provided in Annex 8.

4. A State Party may decide:
  - (a) to dispense with the submission of the Maritime Declaration of Health by all arriving ships; or
  - (b) to require it under a recommendation concerning ships arriving from affected areas or to require it from ships which might otherwise carry infection or contamination.

The State Party shall inform shipping operators or their agents of these requirements.

*Article 34 Health Part of the Aircraft General Declaration*

1. The pilot in command of an aircraft or his agent, on landing at the first airport in the territory of a State Party, shall, except when that State Party does not require it, complete and deliver to the competent authority for that airport the Health Part of the Aircraft General Declaration which shall conform to the model specified in Annex 9.
2. The pilot in command of an aircraft or his agent shall supply any information required by the State Party as to health conditions on board during an international voyage and any health measure applied to the aircraft.
3. A State Party may decide:
  - (a) to dispense with the submission of the Health Part of the Aircraft General Declaration by all arriving aircraft; or
  - (b) to require it under a recommendation concerning aircraft arriving from affected areas or to require it from aircraft which might otherwise carry infection or contamination.

The State Party shall inform aircraft operators or their agents of these requirements.

*Article 35 Ship sanitation certificates*

1. Ship Sanitation Control Exemption and Ship Sanitation Control Certificates shall be valid for a maximum period of six months. This period may be extended by one month if the inspection or control measures required cannot be accomplished at the port.
2. If a valid Ship Sanitation Control Exemption Certificate or Ship Sanitation Control Certificate is not produced or evidence of a public health threat is found on board a ship, the State Party may proceed as provided in paragraph 1 of Article 24 of these Regulations.
3. The certificates referred to in this Article shall conform to the model in Annex 3.
4. Whenever possible, control measures shall be carried out when the ship and holds are empty. In the case of a ship in ballast, it shall be done before loading.
5. When control measures are required and have been satisfactorily completed, the competent authority shall issue a Ship Sanitation Control Certificate, noting the evidence found and the control measures taken.

6. The competent authority may issue a Ship Sanitation Control Exemption Certificate at any port specified under Article 18 of these Regulations if it is satisfied that the ship is free of infection and contamination, including vectors and reservoirs. Such a certificate shall normally be issued only if the inspection of the ship has been carried out when the ship and holds are empty or when they contain only ballast or other material, of such a nature or so disposed as to make a thorough inspection of the holds possible.

7. If the conditions under which control measures are carried out are such that, in the opinion of the competent authority for the port where the operation was performed, a satisfactory result cannot be obtained, the competent authority shall make a note to that effect on the Ship Sanitation Control Certificate.

## **PART VII – CHARGES**

### *Article 36 Charges for health measures*

[1. Except for travellers seeking temporary or permanent residence, no charge shall be made by a State Party for:

(a) any medical examination provided for in these Regulations, or any supplementary examination, microbiological or otherwise, which may be required by that State Party to ascertain the health status of the traveller examined; or

(b) any vaccination or other prophylaxis provided to a traveller on arrival, and any certificate thereof required by the State Party.]

2. Where charges are made for applying the health measures provided for in these Regulations, [other than those referred to in paragraph 1 of this Article,] there shall be in each State Party only one tariff for such charges and every charge shall:

(a) conform to this tariff;

(b) be moderate and not exceed the actual cost of the service rendered; and

(c) be levied without distinction as to the nationality, domicile, or residence of the traveller concerned, or as to the nationality, flag, registry or ownership of conveyances, containers, cargo, goods or baggage. In particular, there shall be no distinction made between national and foreign travellers, conveyances, containers, cargo, goods or baggage.

3. The tariff, and any amendment thereto, shall be published at least ten days in advance of any levy thereunder.

### *Article 37 Charges for certificates*

The State Party shall, when so requested, after applying health measures pursuant to these Regulations to travellers and their baggage, issue [free of charge] to any traveller a certificate specifying the date of his arrival or departure and the health measures applied.



## PART VIII – GENERAL PROVISIONS

### *Article 38 Implementation of health measures*

Health measures taken pursuant to these Regulations shall be initiated forthwith, completed without delay, and applied without discrimination.

### *Article 39 Additional health measures*

1. These Regulations shall not preclude States Parties from implementing health measures which may otherwise be prohibited under Article 23, paragraphs 1 and 2 of Article 25, paragraph 1 of Article 27, Article[s] 29 [and 31] in response to specific public health threats, or public health emergencies of international concern, provided such measures are not otherwise inconsistent with these Regulations, and are based upon:

- (a) scientific principles;
- (b) the available scientific evidence of a risk to human health, or where such evidence is insufficient, the available information, including from WHO and other relevant international organizations; and
- (c) a risk assessment appropriate to the circumstances, taking into account the risk assessment techniques developed by relevant international organizations, including WHO.

Such measures shall not be more restrictive of international traffic or human rights than reasonably available alternatives that would achieve the appropriate level of health protection.

2. Upon request by WHO, a State Party implementing or modifying a health measure pursuant to paragraph 1 of this Article shall provide to it the scientific justification for the measure.

3. Health measures implemented by a State Party which conform to WHO recommendations shall be deemed to comply with these Regulations.

### *Article 40 Cessation or full implementation of health measures*

1. In cases where a State Party implements a health measure that exceeds or differs from measures recommended by WHO, the State Party shall communicate to WHO upon request information concerning the measure and its scientific justification.

2. After assessing information provided pursuant to paragraph 1 of this Article and other relevant information, WHO may urge the cessation of health measures applied by a State Party in excess of the recommended measures, or of inappropriate health measures, or may urge full implementation of recommended measures a State Party has not completely introduced.

3. States Parties may bring to the attention of WHO questions relating to cessation or full implementation of health measures under this Article.

*Article 41 Collaboration and assistance*

1. States Parties undertake to collaborate with each other, within their available resources, in:
  - (a) the detection and assessment of, and response to, events as provided under these Regulations;
  - (b) the provision or facilitation of technical cooperation and logistical support to other States Parties, especially developing countries, particularly in the development and strengthening of the public health capacities required under these Regulations;
  - (c) the mobilization of financial resources for the effective implementation of these Regulations; and
  - (d) the formulation of proposed laws and other legal and administrative provisions for the implementation of these Regulations.
2. WHO shall, within its available resources:
  - (a) collaborate with States Parties in evaluating and assessing their public health capacities in order to facilitate the effective implementation of these Regulations;
  - (b) provide or facilitate technical cooperation and logistical support to States Parties; and
  - (c) advise States Parties, upon request, on potential sources of funding to facilitate the implementation of their obligations under these Regulations.
3. Collaboration under this Article may be implemented through multiple channels, including bilaterally, through regional networks and the WHO regional offices, and through international organizations.

*Article 42 Rights of persons*

1. These Regulations are without prejudice to the obligations of States Parties under international human rights law.
2. Health information collected or received pursuant to these Regulations by States Parties or by WHO, which refers to an identified or identifiable person shall be kept confidential except to the extent necessary to disclose or transmit it for public health purposes.

*Article 43 Persons enjoying immunities under international law*

1. States shall ensure that their diplomatic agents and other representatives enjoying immunities under international law comply with health measures adopted pursuant to these Regulations, without prejudice to such immunities.
2. Nothing in paragraph 1 of this Article shall prevent a State Party from denying admission into its territory to a traveller enjoying immunities under international law, if he refuses to comply with health measures adopted by that State Party pursuant to these Regulations. In such a case, the State Party shall promptly consult with the State referred to in paragraph 1 of this Article.

*Article 44 Transport of biological materials*

States Parties shall, in accordance with the regulatory requirements applicable to such materials, expedite the transport, entry and processing of laboratory specimens, reagents and other diagnostic tools as requested by WHO for verification and response purposes under these Regulations.

*Article 45 Information sharing during a suspected intentional release*

If a State Party has evidence that there has been an intentional release of a biological, chemical or radionuclear agent within its territory, it shall, consistent with its security and law enforcement requirements, provide to WHO all relevant public health information, materials and samples, for verification and response purposes.

*Article 46 Armed forces*

States Parties shall ensure that their military conveyances, containers, cargo and personnel meet the requirements of these Regulations.

## **PART IX – THE IHR ADVISORY PANEL, THE EMERGENCY COMMITTEE AND THE REVIEW COMMITTEE**

### **Chapter I – The IHR Advisory Panel**

*Article 47 Composition*

1. The Director-General shall establish an expert advisory panel composed of experts in all relevant fields of expertise (hereinafter the “IHR Advisory Panel”). In establishing the membership of the IHR Advisory Panel, the Director-General shall follow, unless otherwise provided in these Regulations, the WHO Regulations for Expert Advisory Panels and Committees (hereinafter the “WHO Advisory Panel Regulations”). The Director-General shall periodically inform States Parties of the composition of the IHR Advisory Panel.
2. The Director-General shall appoint the members of the IHR Advisory Panel in accordance with the WHO Advisory Panel Regulations. In addition, the Director-General shall appoint one member at the request of each State Party. Interested States Parties shall notify the Director-General of the personal details and field of expertise of each of the experts they propose for membership.

### **Chapter II - The Emergency Committee**

*Article 48 Terms of reference and composition*

1. The Director-General shall establish an Emergency Committee to advise him on whether an event constitutes a public health emergency of international concern and on the issuance of temporary recommendations, at his request.
2. The Emergency Committee shall be composed of experts selected by the Director-General from the IHR Advisory Panel and, when appropriate, other expert advisory panels of the Organization. The Director-General shall determine the duration of membership with a view to ensuring its continuity in

the consideration of a specific event and its consequences. The Director-General shall select the members of the Emergency Committee on the basis of the expertise required for any particular session and with due regard to the principles of equitable geographical representation.

3. The Director-General may, at the request of the Emergency Committee or on his own initiative, appoint one or more technical experts to advise the Committee.

4. The Emergency Committee shall deliberate and provide its views at meetings convened by the Director-General or through teleconferences, videoconferences or electronic communications, all of which shall be considered “meetings” for the purpose of this Chapter.

#### *Article 49 Procedure*

1. The Director-General shall convene the Emergency Committee by selecting a number of experts from among those referred to in paragraph 2 of Article 48, according to the fields of expertise most relevant to the specific event that is occurring.

2. The Director-General shall provide the Emergency Committee with the agenda and any relevant information concerning the event, as well as any temporary recommendation that the Director-General proposes for issuance.

3. When so requested by the Director-General in accordance with paragraph 3 of Article 10, the Emergency Committee shall provide its views as to whether the event constitutes a public health emergency of international concern, which shall be forwarded to the Director-General for his consideration. The Director-General shall make the final determination as to the occurrence of a public health emergency of international concern.

4. If in accordance with paragraph 2 of Article 10 or paragraph 3 of the present Article, the Director-General determines that a public health emergency of international concern is occurring, he shall seek the views of the Emergency Committee on appropriate temporary recommendations. The views of the Emergency Committee shall be forwarded to the Director-General for his consideration. The Director-General shall make the final determination as to the temporary recommendations that shall be issued under these Regulations.

5. If the Director-General considers that a public health emergency of international concern has ended or that a temporary recommendation should be modified or is no longer needed, he shall seek the views of the Emergency Committee on the termination of the public health emergency of international concern and/or on the modification or termination of the temporary recommendation. The views of the Emergency Committee shall be forwarded to the Director-General for his consideration. The Director-General shall make the final determination on these matters.

6. The Director-General shall invite the State Party in whose territory the event arises to present its views to the Emergency Committee and shall, to that effect, notify to it the dates and the agenda of the meeting of the Emergency Committee with as much advance notice as possible. The State concerned, however, may not seek a postponement of the meeting of the Emergency Committee for the purpose of presenting its views thereto.

7. The Director-General shall communicate to States Parties the occurrence and the ending of a public health emergency of international concern and any temporary recommendation, as well as the

modifications and termination of such recommendations, together with the views of the Emergency Committee.

### **Chapter III – The Review Committee**

#### *Article 50 Terms of reference and composition*

1. The Director-General shall establish a Review Committee, which shall carry out the following functions:

- (a) to periodically review the functioning of these Regulations;
- (b) to recommend to the Director-General amendments to these Regulations;
- (c) to provide advice to the Director-General with respect to standing recommendations, and any modifications or termination thereof;
- (d) to advise the Health Assembly, the Executive Board and the Director-General on any matter referred to it by them;
- (e) to consider disputes concerning the interpretation or application of these Regulations referred to it by the Director-General under Article 57;
- (f) to consider reservations made by States under Article 62 and submit its observations to the Health Assembly as to whether they substantially detract from the object and purpose of these Regulations.

2. The Review Committee shall be considered an expert committee and shall be subject to the WHO Advisory Panel Regulation, unless otherwise provided in this Article.

3. The Members of the Review Committee shall be selected and appointed by the Director-General from among the persons serving on the IHR Advisory Panel and, when appropriate, other expert advisory panels of the Organization.

4. The Director-General shall establish the number of members to be invited to a meeting of the Review Committee, determine its date and duration, and convene the Committee.

5. The Director-General shall appoint members to the Review Committee for the duration of the work of a session only, except that members appointed to a session which considers a dispute shall continue to serve for any further deliberation on such dispute until the consideration thereof is terminated. The Director-General shall select the members of the Review Committee on the basis of the principles of equitable geographical representation, gender balance, a balance of experts from developed and developing countries, representation of different trends of thought, approaches and practical experience in various parts of the world, and an appropriate interdisciplinary balance.

#### *Article 51 Conduct of business*

1. In respect of decisions other than on disputes, decisions of the Review Committee shall be taken by a majority of the members present and voting.

2. In respect of decisions on disputes under Article 53, such decisions shall be taken by a majority of the members present, each member casting an affirmative or negative vote. If the votes are equally divided, the chairman shall, in addition, cast the deciding vote.

3. For meetings of the Review Committee other than those dealing with disputes under Article 53, the Director-General shall invite Member States, the United Nations and its specialized agencies and other relevant intergovernmental or nongovernmental organizations to designate representatives to attend the Committee sessions. Such representatives may submit memoranda and, with the consent of the chairman, make statements on the subjects under discussion. They shall not have the right to vote.

#### *Article 52 Reports*

1. This Article shall not apply to disputes dealt with under Article 53.

2. For each session, the Review Committee shall draw up a report setting forth the Committee's views and advice. This report shall be approved by the Review Committee before the end of the session. Its views and advice shall not commit the Organization and shall be formulated as advice to the Director-General. The text of the report may not be modified without the Committee's consent.

3. If the Review Committee is not unanimous in its findings, any member shall be entitled to express his personal opinion in an individual or group report, which shall state the reasons why a divergent opinion is held and shall form part of the Committee's report.

4. Except for advice under Articles 53 and 56, the Review Committee's report shall be submitted to the Director-General, who shall communicate its views and advice, as appropriate, to the Health Assembly for its consideration and action.

#### *Article 53 Consideration of disputes*

When a dispute is referred to the Review Committee for consideration under Article 57 of these Regulations, the procedure shall be as follows:

(a) the Director-General shall forthwith communicate with the parties to the dispute informing them of such reference and inviting them to submit, within a prescribed period, any observations they deem appropriate;

(b) as soon as all observations are received or the prescribed period expires, or if no reply which would put an end to the dispute is received within the prescribed period, the Director-General shall convene the Review Committee. No national of any party to the dispute may be a member of the Review Committee for the purpose of the dispute;

(c) the parties to the dispute may appoint one or more representatives in order to present their arguments to the Review Committee. Each party to the dispute shall be responsible for its own costs and expenses arising from its participation in the proceedings. Should two or more parties be presenting a joint case, they shall, for the purposes of this paragraph, be considered as one party only; the Review Committee shall decide any questions which may arise regarding this issue;

(d) the Director-General may request any State, intergovernmental organization, nongovernmental organization or individual to place at the disposal of the Review Committee

any information in its possession concerning the subject of the dispute as specified by the Committee;

(e) the Director-General, taking into account the nature of the issues involved in the consideration of the dispute, may on his own initiative or at the request of the Review Committee, appoint one or more technical experts to advise the Review Committee. They shall not have the right to vote;

(f) the Review Committee, after inviting the parties to present their arguments and examining any evidence submitted to it, shall give its reasoned views and advice and specify any conclusions which it deems appropriate. Members of the Review Committee who dissent from the views and advice of the Committee shall be entitled to append their dissenting opinions. The Director-General shall communicate the Committee's views and advice to the parties to the dispute. Parties to the dispute shall, in accordance with paragraph 4 of Article 57 of these Regulations, report to the Director-General on the action taken to implement the views and advice of the Review Committee;

(g) the views and advice of the Review Committee shall not bind the parties to the dispute, unless the parties so elect prior to the commencement of the proceedings before the Committee and inform it accordingly.

#### *Article 54 Standing recommendations*

When the Director-General considers that a standing recommendation is necessary and appropriate for a specific public health threat, he shall seek the views of the Review Committee. In addition to the relevant paragraphs of Articles 50 to 52, the following provisions shall apply:

(a) proposals for standing recommendations, their modification or termination may be submitted to the Review Committee by the Director-General or by States Parties through him;

(b) any State Party may submit relevant information for consideration by the Review Committee;

(c) the Director-General may request any State Party, intergovernmental organization, nongovernmental organization or individual with relevant technical expertise to place at the disposal of the Review Committee information in its or his possession concerning the subject of the proposed standing recommendation as specified by the Review Committee.

(d) the Director-General may, at the request of the Review Committee or on his own initiative, appoint one or more technical experts to advise the Review Committee. They shall not have the right to vote;

(e) any report containing the views and advice of the Review Committee regarding standing recommendations shall be forwarded to the Director-General for his consideration and decision. The Director-General shall communicate the Review Committee's views and advice to the Health Assembly;

(f) the Director-General shall communicate to States Parties any standing recommendation, as well as the modifications or termination of such recommendations, together with the views of the Review Committee.

## PART X – FINAL PROVISIONS

### *Article 55 Reporting*

1. States Parties shall report to the Director-General on their implementation of these Regulations on an annual basis or as otherwise decided by the Health Assembly.
2. The Director-General shall submit the reports from States Parties to the Review Committee for its review and advice under paragraph 1 of Article 50. The Director-General shall communicate the views and advice of the Review Committee, together with his own views as appropriate, to the Health Assembly.

### *Article 56 Amendments*

1. Amendments to these Regulations may be proposed by any State Party or by the Director-General. Such amendments shall be submitted to the Health Assembly for adoption.
2. The text of any proposed amendment shall be communicated to all States Parties by the Director-General at least four months before the Health Assembly at which they are proposed for adoption.
3. Amendments to these Regulations adopted pursuant to this Article shall come into force for all States Parties on the same terms, and subject to the same rights and obligations, as provided for in Article 22 of the Constitution of WHO and Articles 60 to 65 of these Regulations.

### *Article 57 Settlement of disputes*

1. Any dispute concerning the interpretation or application of these Regulations may be referred by any party to such dispute to the Director-General, who shall make every effort to settle it. If such dispute is not thus settled, the Director-General on his own initiative, or at the request of a party to such dispute, may refer the matter to the Review Committee for its views and advice pursuant to Articles 50, 51 and 53.
2. The Review Committee shall forward its views and advice to the parties to the dispute and to the Director-General, who shall make them publicly available. Such views and advice shall not bind the parties to the dispute, unless the parties so elect prior to the commencement of the proceedings of the Review Committee and inform it accordingly.
3. A State Party may at any time declare in writing that, for a dispute not resolved in accordance with paragraphs 1 or 2 of this Article, it accepts arbitration as compulsory with regard to all disputes to which it is a party or with regard to a specific dispute in relation to any other State Party accepting the same obligation. The arbitration shall be conducted in accordance with the Permanent Court of Arbitration Optional Rules for Arbitrating Disputes between States applicable at the time a request for arbitration is made. The parties to the arbitration shall accept the arbitral award as binding and final.
4. The parties to a dispute under this Article shall report to the Director-General on the action taken to implement the views and advice of the Review Committee or the arbitral award. The Director-General shall inform the Health Assembly regarding such actions as appropriate.



5. Nothing in these Regulations shall impair the rights of States Parties to resort to the dispute settlement mechanisms of other international organizations or established under any international agreement.

*Article 58 Relationship with other international agreements*

1. States Parties recognize that the IHR and other relevant international agreements should be interpreted so as to be mutually supportive. The provisions of the IHR shall not affect the rights and obligations of any State Party deriving from other international agreements, provided they are compatible with the purpose of these Regulations.

2. Subject to paragraph 1 of this Article, nothing in these Regulations shall prevent States Parties having certain interests in common owing to their health, geographical, social or economic conditions, from concluding special treaties or arrangements in order to facilitate the application of these Regulations, and in particular with regard to:

- (a) the direct and rapid exchange of public health information between neighbouring territories;
- (b) the health measures to be applied to international coastal traffic and to international traffic on inland waterways, including lakes;
- (c) the health 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 health measures to be applied in accordance with these Regulations;
- (e) arrangements for carrying affected persons by means of transport specially adapted for the purpose; and
- (f) disinfection, decontamination or other treatment designed to render goods free of disease-causing agents.

3. Subject to paragraph 1 of this Article, for those Parties that are members of a regional economic integration organization, the common rules in force in that regional economic integration organization shall apply in their mutual relations.

*Article 59 International sanitary agreements and regulations*

1. These Regulations, subject to the provisions of Article 62 and the exceptions hereinafter provided, shall replace as between the States bound by these Regulations and as between these States and WHO, the provisions of the following international sanitary agreements and regulations:

- (a) International Sanitary Convention, signed in Paris, 21 June 1926;
- (b) International Sanitary Convention for Aerial Navigation, signed at The Hague, 12 April 1933;
- (c) International Agreement for dispensing with Bills of Health, signed in Paris, 22 December 1934;

- (d) International Agreement for dispensing with Consular Visas on Bills of Health, signed in Paris, 22 December 1934;
  - (e) Convention modifying the International Sanitary Convention of 21 June 1926, signed in Paris, 31 October 1938;
  - (f) International Sanitary Convention, 1944, modifying the International Sanitary Convention of 21 June 1926, opened for signature in Washington, 15 December 1944;
  - (g) International Sanitary Convention for Aerial Navigation, 1944, modifying the International Sanitary Convention of 12 April 1933, opened for signature in Washington, 15 December 1944;
  - (h) Protocol of 23 April 1946 to prolong the International Sanitary Convention, 1944, signed in Washington;
  - (i) Protocol of 23 April 1946 to prolong the International Sanitary Convention for Aerial Navigation, 1944, signed in Washington;
  - (j) International Sanitary Regulations, 1951, and the Additional Regulations of 1955, 1956, 1960, 1963 and 1965; and
  - (k) the International Health Regulations of 1969 and the amendments of 1973 and 1981.
2. The Pan American Sanitary Code, signed at Havana, 14 November 1924, shall remain in force with the exception of Articles 2, 9, 10, 11, 16 to 53 inclusive, 61 and 62, to which the relevant part of paragraph 1 of this Article shall apply.

*Article 60 Entry into force; period for rejection or reservations*

1. The period provided in execution of Article 22 of the Constitution of WHO for rejection of, or reservation to, these Regulations or an amendment thereto, shall be twelve months from the date of the notification by the Director-General of the adoption of these Regulations or of an amendment to these Regulations by the Health Assembly. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect.
2. These Regulations shall enter into force twelve months after the date of notification referred to in paragraph 1 of this Article, except for:
- (a) a State that has rejected the Regulations or an amendment thereto in accordance with Article 61;
  - (b) a State that has made a reservation, for which the Regulations shall enter into force as provided in Article 62;
  - (c) a State that becomes a Member of WHO after the date of the notification by the Director-General referred to in paragraph 1 of this Article, and which is not already a party to these Regulations, for which the Regulations shall enter into force as provided in Article 64; and

- (d) a State not a Member of WHO that accepts these Regulations, for which they shall enter into force in accordance with paragraph 1 of Article 65.

#### *Article 61 Rejection*

If a State notifies the Director-General of its rejection of these Regulations or of an amendment thereto within the period provided in paragraph 1 of Article 60, these Regulations or the amendment concerned shall not enter into force with respect to that State. Any international sanitary agreement or regulations listed in Article 59 to which such State is already a party shall remain in force as far as such State is concerned.

#### *Article 62 Reservations*

1. If any State makes a reservation to these Regulations, such reservation shall not be valid unless it is accepted by the Health Assembly, and these Regulations shall not enter into force with respect to that State until such reservation has been accepted by the Health Assembly or until it has been withdrawn if the Health Assembly objects to it on the grounds that it substantially detracts from the object and purpose of these Regulations.
2. If, pursuant to paragraph 1 of this Article, a State does not become bound by these Regulations, any international sanitary agreement or regulations listed in Article 59 to which that State is already a party shall remain in force as far as such State is concerned.
3. If any State makes a reservation to an amendment to these Regulations, such reservation shall not be valid unless it is accepted by the Health Assembly, and the amendment concerned shall not enter into force with respect to that State until such reservation has been accepted by the Health Assembly or until it has been withdrawn if the Health Assembly objects to it on the grounds that it substantially detracts from the object and purpose of these Regulations.
4. A rejection in part of these Regulations or an amendment to the Regulations shall be considered as a reservation.
5. If the Health Assembly accepts a reservation, the reserving State shall be bound by these Regulations or the amendment concerned as of the date of the acceptance of the reservation by the Health Assembly, subject to the reservation.
6. The Health Assembly may, as a condition of its acceptance of a reservation, request the State making such reservation to undertake that it will continue to fulfil any obligations corresponding to the subject matter of such reservation, which such State has previously accepted under any international sanitary agreement or regulations listed in Article 59.
7. If a State makes a reservation which in the opinion of the Health Assembly detracts to an insubstantial extent from an obligation or obligations previously accepted by that State under any international sanitary agreement or regulations listed in Article 59, the Health Assembly may accept such reservation without requiring as a condition of its acceptance an undertaking of the kind referred to in paragraph 6 of this Article.

*Article 63 Withdrawal of rejection or reservation*

A rejection, or the whole or part of any reservation, may at any time be withdrawn by notifying the Director-General.

*Article 64 New Member States of WHO*

Any State which becomes a Member of WHO after the date of the notification by the Director-General referred to in paragraph 1 of Article 60, and which is not already a party to these Regulations, may communicate its rejection of, or any reservation to, these Regulations within a period of twelve months from the date of the notification to it by the Director-General after becoming a Member of WHO. Unless rejected, these Regulations shall enter into force with respect to that State, subject to the provisions of Article 62, upon expiry of that period.

*Article 65 States not Members of WHO*

1. Any State not a Member of WHO, which is a party to any international sanitary agreement or regulations listed in Article 59 or to which the Director-General has notified the adoption of these Regulations by the Health Assembly, may become a party hereto by notifying its acceptance to the Director-General and, subject to the provisions of Article 62, such acceptance shall become effective upon the date of entry into force of these Regulations, or, if such acceptance is notified after that date, three months after the date of receipt by the Director-General of the notification of acceptance.

2. Any State not a Member of WHO which has become a party to these Regulations may at any time withdraw from participation in these Regulations, by means of a notification addressed to the Director-General which shall take effect six months after he has received it. The State which has withdrawn shall, as from that date, resume application of the provisions of any international sanitary agreement or regulations listed in Article 59 to which it was previously a party.

*Article 66 Notifications by the Director-General*

1. The Director-General shall notify all States Members and Associate Members of WHO, and also other parties to any international sanitary agreement or regulations listed in Article 59 of the adoption by the Health Assembly of these Regulations.

2. The Director-General shall also notify these States, as well as any other State which has become a party to these Regulations or to any amendment to these Regulations, of any notification received by WHO under Articles 61 to 65 respectively, as well as of any decision taken by the Health Assembly under Article 62.

*Article 67 Authentic texts*

1. The Arabic, Chinese, English, French, Russian and Spanish texts of these Regulations shall be equally authentic. The original texts of these Regulations shall be deposited with WHO.

2. The Director-General shall send, with the notification provided in paragraph 1 of Article 60, certified copies of these Regulations to all Members and Associate Members, and also to other parties to any of the international sanitary agreements or regulations listed in Article 59.

3. Upon the entry into force of these Regulations, the Director-General shall deliver certified copies thereof to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations.

## ANNEX 1

**A. CORE CAPACITY REQUIREMENTS FOR SURVEILLANCE  
AND RESPONSE**

1. States Parties shall utilize existing national structures and resources to meet their core capacity requirements under these Regulations, including with regard to:
  - (a) their surveillance, reporting, notification, verification, response and collaboration activities; and
  - (b) their activities concerning designated airports, ports and ground crossings.
2. Each State Party shall assess, within two years following the entry into force of these Regulations, the ability of existing national structures and resources to meet the minimum requirements described in this Annex. As a result of such assessment, States Parties shall develop and implement plans of action to ensure that these core capacities are present and functioning throughout their territories within the period specified in paragraph 1 of Article 4 and paragraph 1 of Article 11.
3. States Parties and WHO shall support assessments, planning and implementation processes under this Annex.

**1. At the community level**

The capacities:

- (a) to detect events involving disease or death above expected levels for the particular time and place in all areas within the territory of the State Party; and
- (b) to report all available essential information immediately to the appropriate local health personnel (e.g. emergency room or village health worker). For the purposes of this Annex, essential information includes the following: clinical descriptions, laboratory results, sources and type of risk, numbers of cases and deaths, conditions affecting the spread of the disease and the health measures employed.

**2. At the first and intermediate public health response levels**

The capacities:

- (a) to verify reported events and to implement preliminary control measures immediately; and
- (b) to assess reported events immediately, and if found urgent, to report all essential information to the national level. For the purposes of this Annex, the criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread.

### 3. At the national level

*Assessment and notification.* The capacities:

- (a) to assess all reports of urgent events within twenty-four hours; and
- (b) to notify WHO immediately through the National IHR Focal Point when the assessment indicates the event is notifiable pursuant to paragraph 1 of Article 5 and Annex 2 and to inform WHO as required pursuant to paragraph 2 of Article 7 and Article 45.

*Response.* The capacities:

- (a) to rapidly determine the control measures required to prevent international spread;
- (b) to provide support through specialized staff skills, laboratory analysis of samples (domestically or through collaborating centres), and logistical assistance (e.g. equipment, supplies and transport);
- (c) to provide on-site assistance as required to supplement local investigations;
- (d) to provide a direct operational link with senior health and other officials to rapidly approve and implement containment and control measures;
- (e) to provide direct liaison with other key government ministries, such as transport, customs and agriculture;
- (f) to provide rapid communications links with hospitals, clinics, airports, ports, laboratories and other key operational areas, for the dissemination of information and recommendations received from WHO regarding events in the State Party's own territory and in the territories of other States Parties;
- (g) to establish, operate and maintain a national public health emergency response plan; and
- (h) to provide the foregoing on a 24-hour basis.

## **B. CORE CAPACITY REQUIREMENTS FOR DESIGNATED AIRPORTS, PORTS AND GROUND CROSSINGS**

### 1. At all times

The capacities:

- (a) to provide access to (i) an organized medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and (ii) adequate staff, equipment and premises;
- (b) to provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility;

- (c) to provide trained personnel for the inspection of conveyances;
- (d) to conduct regular inspection programmes to ensure a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk areas; and
- (e) to provide a programme and trained personnel for the control of vectors and reservoirs in and near points of entry.

## **2. For responding to events that may constitute a public health emergency of international concern**

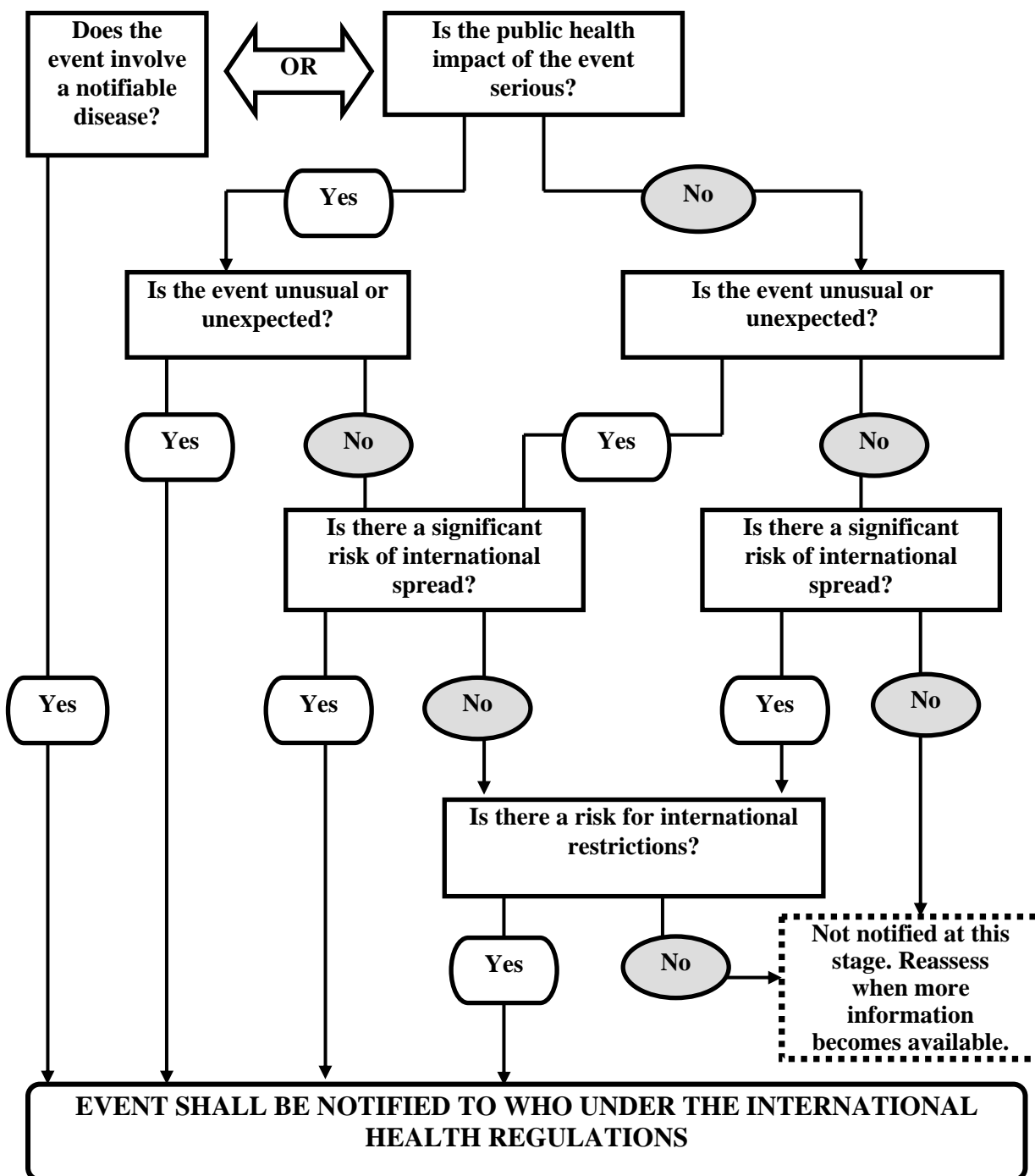
The capacities:

- (a) to provide appropriate public health emergency response, by establishing and maintaining a public health emergency contingency plan, including the nomination of a coordinator and contact points for relevant point of entry, public health and other agencies and services;
- (b) to provide assessment of and care for affected travellers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required;
- (c) to provide appropriate space, separate from other travellers, to interview suspects or affected persons;
- (d) to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry;
- (e) to apply recommended measures to disinfect, decontaminate or otherwise treat conveyances, containers, cargo, goods or baggage;
- (f) to apply entry or exit controls for arriving and departing travellers; and
- (g) to provide access to specially designated equipment, and to trained personnel with appropriate personal protection, for the transfer of travellers who may carry infection or contamination.



## ANNEX 2

**PART A DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN\***



\* The decision instrument shall be used by States Parties for notifiable diseases and to assess the need to notify events irrespective of etiology. In addition, it shall be used to assess all events that involve, or are considered likely to involve, the diseases listed in Part B of this Annex.

## DOES THE EVENT INVOLVE A NOTIFIABLE DISEASE?

A single diagnosed case of any of the following diseases is of international concern and shall therefore be notified to WHO:

- Smallpox
- Poliomyelitis (occurring in an area following eradication)
- Coronavirus-associated severe acute respiratory syndrome (SARS)

## IF THE EVENT DOES NOT INVOLVE A NOTIFIABLE DISEASE, DOES IT MEET AT LEAST TWO OF THE FOLLOWING CRITERIA?

Is the public health impact of the event serious?	I. Is the public health impact of the event serious?
	1. <i>Is the number of cases and/or number of deaths for this type of event large for the given place and time?</i>
	<p>2. <i>Has the event the potential to have a high public health impact?</i></p> <p>THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT CONTRIBUTE TO HIGH PUBLIC HEALTH IMPACT:</p> <ul style="list-style-type: none"> <li>✓ Event caused by a pathogen with high potential to cause epidemic (infectiousness of the agent, high case fatality, multiple transmission routes or healthy carrier).</li> <li>✓ Indication of treatment failure (new or emerging antibiotic resistance, vaccine failure, antidote resistance or failure).</li> <li>✓ Event represents a significant public health threat even if no or very few human cases have yet been identified.</li> <li>✓ Cases reported among health staff.</li> <li>✓ The population at risk is especially vulnerable (refugees, low level of immunization, children, elderly, low immunity, undernourished, etc.).</li> <li>✓ Concomitant factors that may hinder or delay the response (natural catastrophes, armed conflicts, unfavourable weather conditions, multiple foci in the country).</li> <li>✓ Event in an area with high population density.</li> <li>✓ Release into the environment of a chemical or radionuclear agent that has contaminated or has the potential to contaminate a population and/or a large geographical area.</li> </ul>

	<p>3. <i>Is external assistance needed to detect, investigate, respond and control the current event, or prevent new cases?</i></p> <p>THE FOLLOWING ARE EXAMPLES OF WHEN ASSISTANCE MAY BE REQUIRED:</p> <ul style="list-style-type: none"> <li>✓ Inadequate human, financial, material or technical resources – in particular: <ul style="list-style-type: none"> <li>– Insufficient laboratory or epidemiological capacity to investigate the event (equipment, personnel, financial resources)</li> <li>– Insufficient antidotes, drugs and/or vaccine and/or protective equipment, decontamination equipment, or supportive equipment to cover estimated needs</li> <li>– Existing surveillance system is inadequate to detect new cases.</li> </ul> </li> </ul> <p><b>IS THE PUBLIC HEALTH IMPACT OF THE EVENT SERIOUS?</b></p> <p><b>Answer “yes” if you have answered “yes” to questions 1, 2 or 3 above.</b></p>
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	<b>II. Is the event unusual or unexpected?</b>
<b>Is the event unusual or unexpected?</b>	<p>4. <i>Is the event unusual?</i></p> <p>THE FOLLOWING ARE EXAMPLES OF UNUSUAL EVENTS:</p> <ul style="list-style-type: none"> <li>✓ The event is caused by an unknown agent (biological, chemical or radionuclear) or the source, vehicle, route of transmission is unusual or unknown.</li> <li>✓ Evolution of cases more severe than expected (including case-fatality) or with unusual symptoms.</li> <li>✓ Occurrence of the event itself unusual for the area or season.</li> </ul>
	<p>5. <i>Is the event unexpected?</i></p> <p>THE FOLLOWING ARE EXAMPLES OF UNEXPECTED EVENTS:</p> <ul style="list-style-type: none"> <li>✓ Event caused by a disease/agent that had already been eliminated or eradicated from the country or not previously reported, or chemical that has been nationally/internationally banned or restricted.</li> <li>✓ Is the event known or suspected to be the result of an intentional or accidental release of chemical, radionuclear or biological agent?</li> </ul>
	<p><b>IS THE EVENT UNUSUAL OR UNEXPECTED?</b></p> <p><b>Answer “yes” if you have answered “yes” to questions 4 or 5 above.</b></p>

	<b>III. Is there a significant risk of international spread?</b>
<b>Is there a significant risk of international spread?</b>	6. <i>Is there evidence of an epidemiological link to similar events in other countries?</i>
	7. <i>Is there any factor that should alert us to the potential for cross border movement of the agent, vehicle or host?</i>
	THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT MAY PREDISPOSE TO INTERNATIONAL SPREAD:
	<ul style="list-style-type: none"> <li>✓ Where there is evidence of local spread, an index case (or other linked cases): <ul style="list-style-type: none"> <li>– with history of international travel within the previous month (or time equivalent to the incubation period if the pathogen is known)</li> <li>– with history of participation in an international gathering (pilgrimage, sports event, conferences, etc.)</li> <li>– with close contact with an international traveller or a highly mobile population.</li> </ul> </li> <li>✓ Event caused by release into the environment, e.g. air, water, that has the potential to spread across international borders.</li> <li>✓ Event in an area of intense international traffic with limited capacity for sanitary control or environmental detection or decontamination.</li> </ul>
	<b>IS THERE A SIGNIFICANT RISK OF INTERNATIONAL SPREAD?</b>
	<b>Answer “yes” if you have answered “yes” to questions 6 or 7 above.</b>

	<b>IV. Is there a significant risk of international travel or trade restrictions?</b>
<b>Risk of international restrictions?</b>	8. <i>Have similar events in the past resulted in international restriction on trade and/or travel against the affected country?</i>
	9. <i>Is the source suspected or known to be a food product, water or any other goods that might be contaminated that has been exported/imported to/from other countries?</i>
	10. <i>Has the event occurred in association with an international gathering or in an area of intense international tourism?</i>
	11. <i>Has the event caused requests for more information by foreign officials or international media?</i>
	<b>IS THERE A SIGNIFICANT RISK OF INTERNATIONAL TRADE OR TRAVEL RESTRICTIONS?</b>
	<b>Answer “yes” if you have answered “yes” to questions 8, 9, 10 or 11 above.</b>

*States Parties that answer “yes” to the question whether the event meets any two of the four criteria (I-IV) above, shall notify WHO under Article 5 of the International Health Regulations.*

## **PART B      PARTICULAR DISEASES REQUIRING UTILIZATION OF THE DECISION INSTRUMENT**

1. The diseases in this list have demonstrated the ability to cause serious public health impact and have the potential to spread rapidly internationally.

2. States Parties shall use the decision instrument in Part A of this Annex to assess all events that involve, or are considered likely to involve, the following diseases in order to determine if notification is required under Article 5 of these Regulations and this Annex:

Cholera

Crimean-Congo haemorrhagic fever

Ebola haemorrhagic fever

Inhalational anthrax

Pneumonic plague

Nipah virus encephalitis

Lassa fever

Marburg haemorrhagic fever

Yellow fever

## ANNEX 3

# MODEL SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE

**Port of..... Date of inspection: .....**

**This Certificate records the inspection and 1) exemption from control or 2) control measures applied**

Name of ship or inland navigation vessel.....Nationality..... Holds were unladen....., laden with .....at the time of inspection

Name of inspecting officer.....

## Ship Sanitation Control Exemption Certificate

Areas inspected	Evidence found <sup>1</sup>	Sample results <sup>2</sup>	Documents reviewed
Galley			Medical log
Pantry			Ship's log
Stores			Other
Hold(s)/cargo			
Quarters:			
- crew			
- officers			
- passengers			
- deck			
Potable water			
Sewage			
Ballast tanks			
Solid waste			
Standing water			
Engine room			

No evidence found. Ship/vessel is exempted from control measures.

Signature..... Date.....

<sup>1</sup> (a) Evidence of infection or contamination, including: vectors in all stages of growth; animal reservoirs for vectors; rodents or other species that could carry human disease, microbiological, chemical and other risks to human health; signs of inadequate sanitary measures. (b) Information concerning any human cases (to be included in the Maritime Declaration of Health).

<sup>2</sup> Results from samples taken on board. Analysis to be provided to ship's master by most expedient means, and if reinspection is required, to the next appropriate port of call coinciding with the reinspection date specified in this certificate.

Sanitation Control Exemption Certificates and Sanitation Control Certificates are valid for a maximum of six months, but the validity period may be extended by one month if inspection cannot be carried out at the port and there is no evidence of infection or contamination.

## Ship Sanitation Control Certificate

[illegible]

Control measures indicated were applied on the date below.

Signature..... Date .....

## ANNEX 4

**TECHNICAL REQUIREMENTS PERTAINING TO CONVEYANCES AND  
CONVEYANCE OPERATORS****Section 1. Conveyance operators**

1. Conveyance operators shall facilitate:
  - (a) inspections of the conveyance, containers and cargo;
  - (b) medical examinations of persons on board;
  - (c) application of other health measures under these Regulations; and
  - (d) provision of relevant public health information requested by the State Party.
2. Conveyance operators shall provide to States Parties a valid Ship Sanitation Control Exemption Certificate or a Ship Sanitation Control Certificate or a Maritime Declaration of Health, or the Health Part of an Aircraft General Declaration, as applicable under these Regulations.

**Section 2. Conveyances**

3. Control measures applied to conveyances, containers and cargo under these Regulations shall be carried out so as to avoid as far as possible injury or discomfort to persons or damage to the conveyance, container, cargo, goods or baggage. Whenever possible and appropriate, control measures shall be applied when the conveyance and holds are empty.
4. States Parties shall indicate in writing the measures applied to a conveyance, container or cargo, the parts treated, the methods employed, and the reasons for their application. This information shall be provided in writing to the person in charge of an aircraft and, in case of a ship, on the Ship Sanitation Control Certificate. For other conveyances, cargo or containers, States Parties shall issue such information in writing to consignors, consignees, carriers, the person in charge of the conveyance or their respective agents.

## ANNEX 5

**SPECIFIC MEASURES FOR VECTOR-BORNE DISEASES**

1. WHO shall publish, on a regular basis, a list of areas where disinsection or other vector control measures are recommended for conveyances arriving from these areas. Determination of such areas shall be made pursuant to the procedures regarding temporary or standing recommendations, as appropriate.
2. Every conveyance leaving a point of entry situated in an area where vector control is recommended should be disinfected and kept free of vectors. When there are methods and materials advised by the Organization for these procedures, these should be employed. The presence of vectors on board conveyances and the control measures used to eradicate them shall be included:
  - (a) in the case of aircraft, in the Health Part of the Aircraft General Declaration, unless this part of the Declaration is waived by the competent authority at the airport of arrival;
  - (b) in the case of ships, on the Ship Sanitation Control Certificates; and
  - (c) in the case of other conveyances, on a written proof of treatment issued to the consignor, consignee, carrier, the person in charge of the conveyance or their agent, respectively.
3. States Parties should accept disinsecting, deratting and other control measures for conveyances applied by other States if methods advised by the Organization have been applied.
4. States Parties shall establish programmes to control vectors to a minimum distance of 400 metres from the boundaries of all airports, ports or container loading areas in their territories, with extension of the minimum distance if vectors with a greater range are present.
5. If a follow-up inspection is required to determine the success of the vector control measures applied, the competent authorities for the next known port or airport of call with a capacity to make such an inspection shall be informed of this requirement in advance by the competent authority advising such follow-up. In the case of ships, this shall be noted on the Ship Sanitation Control Certificate.
6. A conveyance may be regarded as suspect and should be inspected for vectors and reservoirs, if:
  - (a) it has a possible case of vector-borne disease on board;
  - (b) a possible case of vector-borne disease has occurred on board during an international voyage; or
  - (c) it has left an affected area within a period of time where on-board vectors could still carry disease.



7. A State Party should not prohibit the landing of an aircraft in its territory if the control measures provided for in paragraph 3 of this Annex or otherwise recommended by the Organization are applied. However, aircraft coming from an affected area may be required to land at airports specified by the State Party for that purpose.
8. A State Party may apply vector control measures to a conveyance arriving from an area affected by a vector-borne disease if the vectors for the foregoing disease are present in its territory.

## ANNEX 6

**VACCINATION, PROPHYLAXIS AND RELATED CERTIFICATES**

1. Vaccines or other prophylaxis specified in Annex 7 or recommended under these Regulations shall be of suitable quality; those vaccines and prophylaxis designated by WHO shall be subject to its approval. Upon request, the State Party shall provide to WHO appropriate evidence of the suitability of vaccines and prophylaxis administered within its territory under these Regulations.
2. Persons undergoing vaccination or other prophylaxis under these Regulations shall be provided with an international certificate of vaccination or prophylaxis (hereinafter the “certificate”) in the form specified in this Annex. No departure shall be made from the model of the certificate specified in this Annex.
3. Certificates under this Annex are valid only if the vaccine or prophylaxis used has been approved by WHO.
4. Certificates must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.
5. Certificates shall be fully completed in English or in French. They may also be completed in another language, in addition to either English or French.
6. Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.
7. Certificates are individual and shall in no circumstances be used collectively. Separate certificates shall be issued for children.
8. A parent or guardian shall sign the certificate when the child is unable to write. The signature of an illiterate shall be indicated in the usual manner by the person’s mark and the indication by another that this is the mark of the person concerned.
9. If the supervising clinician is of the opinion that the vaccination or prophylaxis is contraindicated on medical grounds he shall provide the person with reasons, written in English or French, underlying that opinion, which the competent authorities on arrival should take into account. The supervising clinician and competent authorities shall inform such persons of any risk associated with non-vaccination and with the non-use of prophylaxis in accordance with paragraph 3 of Article 27.
10. An equivalent document issued by the Armed Forces to an active member of those Forces shall be accepted in lieu of an international certificate in the form shown in this Annex if:
  - (a) it embodies medical information substantially the same as that required by such form; and
  - (b) it contains a statement in English or in French recording the nature and date of the vaccination or prophylaxis and to the effect that it is issued in accordance with this paragraph.

## MODEL INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that [name] ....., date of birth ....., sex .....,  
whose signature follows .....

has on the date indicated been vaccinated or received prophylaxis against:

(name of disease or condition) .....

in accordance with the International Health Regulations.

Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician	Manufacturer and batch No. of vaccine or prophylaxis	Certificate valid from - until
1.				
2.				

Official stamp of administering centre

This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.

This certificate must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

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

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis.

## ANNEX 7

**REQUIREMENTS CONCERNING VACCINATION OR PROPHYLAXIS FOR  
SPECIFIC DISEASES**

1. In addition to any recommendation concerning vaccination or prophylaxis, the following diseases are those specifically designated under these Regulations for which proof of vaccination or prophylaxis may be required for travellers as a condition of entry to a State:

Vaccination against yellow fever.

2. Requirements for vaccination against yellow fever:

(a) For the purpose of this Annex:

(i) the incubation period of yellow fever is six days;

(ii) yellow fever vaccines approved by WHO provide protection against infection starting ten days following the administration of the vaccine; and

(iii) this protection continues for ten years.

(b) Vaccination against yellow fever may be required of any traveller leaving an area where the Organization has determined a risk of yellow fever transmission is present. Determination of such areas shall be made pursuant to the procedures regarding temporary or standing recommendations, as appropriate.

(c) If a traveller is in possession of a certificate of vaccination against yellow fever which is not yet valid, the traveller may be permitted to depart, but the provisions of paragraph 2(h) of this Annex may be applied on arrival.

(d) A traveller in possession of a valid certificate of vaccination against yellow fever shall not be treated as a suspect, even if coming from an area where the Organization has determined a risk of yellow fever transmission is present.

(e) In accordance with paragraph 1 of Annex 6 the yellow fever vaccine used must be approved by the Organization.

(f) States Parties may designate specific yellow fever vaccination centres within their territories in order to ensure the quality and safety of the procedures and materials employed.

(g) Every person employed at a point of entry in an area where the Organization has determined a risk of yellow fever transmission is present, and every member of the crew of a conveyance using any such point of entry, shall be in possession of a valid certificate of vaccination against yellow fever.

(h) A State Party, in whose territory vectors of yellow fever are present, may require a traveller from an area where the Organization has determined a risk of yellow fever transmission is present, who is unable to produce a valid certificate of vaccination against

yellow fever, to be quarantined until the certificate becomes valid, or until a period of not more than six days, reckoned from the date of last possible exposure to infection has elapsed, whichever occurs first.

(i) Travellers who possess an exemption from yellow fever vaccination, signed by a medical practitioner or an authorized health worker, shall nevertheless be allowed entry, subject to the provisions of the foregoing paragraph of this Annex and to being provided with information regarding protection from yellow fever vectors. Should the travellers not be quarantined, they may be required to report any feverish symptoms to the competent authority and be placed under surveillance.

## ANNEX 8

**MODEL OF MARITIME DECLARATION OF HEALTH**

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports.

Submitted at the port of ..... Date.....  
 Name of ship or inland navigation vessel..... arriving from ..... sailing to .....  
 Nationality..... Master's name .....  
 Gross tonnage (ship).....  
 Tonnage (inland navigation vessel).....  
 Valid Sanitation Control Exemption/Control Certificate carried on board? yes..... no..... Issued at..... date.....  
 Reinspection required? yes..... no.....  
 Has ship/vessel visited an affected area identified by WHO? yes..... no..... Port and date of visit .....  
 List ports of call from commencement of voyage with dates of departure, or within past four weeks, whichever is shorter:  
 .....  
 .....  
 .....

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past four weeks, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

(1) Name ..... joined from: (1).....(2).....(3).....  
 (2) Name ..... joined from: (1).....(2).....(3).....  
 (3) Name ..... joined from: (1).....(2).....(3).....

Number of crew members on board.....  
 Number of passengers on board.....

**Health questions**

- (1) Has any person died on board during the voyage otherwise than as a result of accident? yes.... no.....  
State particulars in attached schedule.
- (2) Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious or unusual nature? yes..... no..... State particulars in attached schedule.
- (3) Is there any sick person on board now? yes..... no..... State particulars in attached schedule.

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature: fever accompanied by prostration, persisting for several days, or attended with glandular swelling; any acute skin rash or eruption with or without fever; severe diarrhoea with symptoms of collapse; jaundice accompanied by fever; unusual bleeding accompanied by fever; recurrent convulsions.

- (4) Was a medical practitioner consulted? yes..... no..... State particulars of medical advice provided in attached schedule.
- (5) Are you aware of any condition on board which may lead to infection or spread of disease? yes..... no.....  
State particulars in attached schedule.

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

Signed .....

Master

Countersigned .....

Ship's Surgeon (if carried)

Date.....

**ATTACHMENT TO MODEL OF MARITIME DECLARATION OF HEALTH**

Name	Class or rating	Age	Sex	Nationality	Port, date joined ship/vessel	Nature of illness	Date of onset of symptoms	Reported to a port medical officer?	Disposal of case*	Comments

\* State: (1) whether the person recovered, is still ill or died; and (2) whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea.

## ANNEX 9

**HEALTH PART OF THE AIRCRAFT GENERAL DECLARATION***Declaration of Health*

Persons on board with illnesses other than airsickness or the effects of accidents (including persons with symptoms or signs of illness such as rash, fever, chills, diarrhoea) as well as those cases of illness disembarked during the flight .....

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Any other condition on board which may lead to the spread of disease

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Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting

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Signature, if required: .....

Crew member concerned

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