SUB-COMMITTEE ON INTERNATIONAL QUARANTINE

PROVISIONAL MINUTES OF THE FIRST MEETING

CORRIGENDA

Page 6

Lines 1 to 12: Delete the whole paragraph "Dr VARGAS-MENDEZ . . . ill results."

Insert "Dr VARGAS-MENDEZ (Costa Rica) said that the measures taken in the Americas for the eradication of Aedes aegypti had been completely in accordance with the recommendations of the Pan American Sanitary Bureau, to which the delegate of the United States of America had already referred. Of course, those countries wished to be as secure as possible from yellow fever, but they considered that the observance of those recommendations provided the urban population with the maximum possible protection against the disease. In Costa Rica, during the yellow fever epidemic of 1951, they had been able to put the system to the test in Puerto Limón, which was then surrounded by an infected jungle area. Since the Aedes aegypti index in Puerto Limón, which had been computed in accordance with the recommendations of the Pan American Sanitary Bureau, was 0%, they had permitted the hospitalization there of yellow fever cases coming from the jungle area near the port, and that action had had no ill results."

Page 7

Line 1: Delete "frequently"

Lines 2 and 3: Delete from "better to examine" to end of paragraph

Insert "necessary to take more than one sample by using a table of sampling, and to calculate the errors and standard error etc. In that connexion, it was not possible to get away from the fact that it was necessary to know and to number every house in the area concerned."

Page 11

Lines 7 and 8: Delete "there would certainly be cases in which it would be possible to establish that persons who had not been vaccinated were immune;"

Insert "there were some instances in which it was certain that persons showing an immunity reaction had not been vaccinated against yellow fever;"
Line 12: Delete "all five"

Insert "the first four"

Lines 13 to 18: Delete the whole paragraph "Dr VARGAS-MENDEZ . . . 1948."

Insert "Dr VARGAS-MENDEZ (Costa Rica) said that one of the experts who advised the Quarantine Committee at its last session, Dr Taylor, considered that immunological tests had a complementary and historical diagnostic value, but were not of immediate use; and he was completely in agreement with that opinion. As an example, he mentioned his experience in the south of Panama, near the Colombian frontier where, about 1940, blood samples for protection tests were taken and some positives found, including a child ten years old. Nevertheless, it was not until 1948 that cases of jungle yellow fever were diagnosed north of that area."

Page 13

Line 10: Delete "traces of the virus"

Insert "traces of Rift Valley fever virus"

Page 16

Lines 5 to 8: Delete the sentence "The words . . . more satisfactory."

Insert "At least as regards the French text, however, the words "sans délai" should be replaced by the words "aussitôt que possible" since the necessary laboratory tests took a certain time to carry out."
SUB-COMMITTEE ON INTERNATIONAL QUARANTINE

PROVISIONAL MINUTES OF THE FIRST MEETING

University City, Mexico, D.F.
Thursday, 19 May 1955, at 9 a.m.

CHAIRMAN: Dr F. S. MacLEAN (New Zealand)

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Note: Corrections to these provisional minutes should be submitted in writing to
the Chief, Records Service, Room 302, within 48 hours of their distribution.
1. ELECTION OF CHAIRMAN

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

**Decision:** On the proposal of Mr Calderwood (United States of America), seconded by Dr Vargas-Mendez (Costa Rica), and supported by Dr van den Berg (Netherlands), Dr MacLean (New Zealand) was elected Chairman.

Dr MacLean (New Zealand) took the Chair.

2. ELECTION OF VICE-CHAIRMAN AND RAPPORTEUR

The CHAIRMAN invited nominations for the office of Vice-Chairman.

**Decision:** On the proposal of Dr Duren (Belgium), seconded by Professor Ferreira (Brazil), Dr MacCormack (Ireland) was elected Vice-Chairman.

The CHAIRMAN invited nominations for the office of Rapporteur.

**Decision:** On the proposal of Dr Vargas-Mendez (Costa Rica), seconded by Professor Ferreira (Brazil), Dr Lakshmanan (India) was elected Rapporteur.

3. CONSIDERATION OF THE SECOND REPORT OF THE COMMITTEE ON INTERNATIONAL QUARANTINE: Item 7.8 of the Agenda (Official Records No. 55, Resolution WHA7.56, documents A8/P&B/3; A8/P&B/IQ/1)

Dr BIRAUD (Director, Division of Epidemiological and Health Statistical Services), Secretary, read the resolution of the Seventh World Health Assembly (WHA7.56) which contained the terms of reference of the Sub-Committee.
The CHAIRMAN suggested that the Sub-Committee should proceed by giving its members an opportunity to make general comments on Part 2 of the second report of the Committee on International Quarantine - consideration of the yellow-fever provisions of the International Sanitary Regulations with a view to revision - (attachment I to document AS/P&B/3); it should then examine, in turn, each of the amendments proposed by the Committee (contained in Annex III of that attachment) to the International Sanitary Regulations, taking at the same time the amendments proposed by the delegations of the Philippines, United States of America, Uruguay and Venezuela (AS/P&B/IQ/1). The proposals of the Quarantine Committee would be considered the original proposals, and those of the four delegations as amendments to them.

It was so agreed.

There were no general comments on Part 2 of the report.

Article 1 - Definitions

Aedes aegypti index

Dr JAFAR (Pakistan) said he was in favour of the Quarantine Committee's definition and opposed to the definition proposed by the four delegations, since the latter did not provide for examination of all habitations in a given area and therefore would not, in his opinion, provide a technically satisfactory index.

Dr ACOSTA MARTINEZ (Venezuela) said that the four delegations had suggested the change because in many cases it had proved difficult to establish the index in accordance with the existing definition in the International Sanitary Regulations,
and the definition proposed by the Quarantine Committee would also cause
difficulties. It would take several months to examine all the houses in
Caracas, for example. Although every house could be examined in small communities,
in large communities it was necessary to allow the index to be established by means
of sampling. The sampling method, moreover, was technically acceptable. In
that connexion he referred to the "Guide for the Preparation of Reports on the
Aedes aegypti Eradication Campaign in the Americas", published by the Pan American
Sanitary Organization.

Dr El DEMERDACHE (Egypt) said he agreed with Dr Jafar. It would be safer to
adopt the Committee's definition.

Dr MONTALVAN (Ecuador) said that the definition proposed by the four
delegations was more in accordance with what was required for the establishment
of an index than the Committee's definition. Computing an index was not computing
a rate involving a whole universe. In fact it would be extremely difficult to
examine all the habitations in each area, and it was really quite unnecessary to
do so.

Dr ALIMWOOD PAREDES (El Salvador) said he fully agreed with what the delegate
of Venezuela had said. The Sub-Committee should distinguish between an index and
a census. It was not necessary to carry out a census and examine every single
unit concerned in order to establish an index; statistical sampling was quite
sufficient for that purpose.

Dr LE ROUX (Union of South Africa) said that where the problem under
discussion was concerned, the time factor was most important. He believed that
if the definition provided for stating the time within which the index had been
established, the number of houses examined and the total number of houses in the area, the problem would be solved.

Dr LAKSHMANAN (India) drew attention to the words in both definitions "a limited well-defined area". Such an area could be interpreted as a sample, and made it unnecessary for every habitation to be examined in large communities; there was therefore no need to change the definition proposed by the Quarantine Committee.

Mr CALDERWOOD (United States of America) said that his delegation considered the Quarantine Committee's definition was more limited than that of the four delegations, since the word "habitations" was used in the former and the word "houses" in the latter. The premises to be examined should include airport buildings and other premises that were not dwellings.

His delegation also considered that sampling was sufficient for the compilation of the indices. The Pan American Sanitary Bureau had laid down the following recommendations for examination of houses preparatory to establishment of an Aedes aegypti index: of houses standing together, one in every three should be examined; of houses standing less than twenty-five yards apart from one another, every other house should be examined; every house more than twenty-five yards from another house should be examined.

Professor FERREIRA (Brazil) said that sampling was generally recognized as a reliable method of computing indices. It would be most unusual if the Sub-Committee were to decide that sampling should not be permitted for the establishment of an Aedes aegypti index. Moreover, if the health authority of a municipality examined all dwellings in a "limited, well-defined area" in the sense suggested by the delegate of India, without bearing in mind the real purpose of the index, it might carry out a thorough examination in an area where Aedes aegypti did not exist, although it did exist in another area of the municipality. If it examined every house in the municipality the index might take so much time to compute that it would be of very little use when it was finally available.
Dr VARGAS-MENDEZ (Costa Rica) said that the measures taken by countries in the Americas to control *Aedes aegypti* had been in accordance with the recommendations of the Pan American Sanitary Bureau, to which the delegate of the United States of America had already referred. Of course they wished to be as secure as possible from yellow fever, but they considered that the observance of those recommendations provided the population with the maximum possible protection against the disease. In Costa Rica they had been able to put the system to the test in Puerto Limón, which was surrounded by endemic areas where cases of yellow fever had occurred. Since the *Aedes aegypti* index in Puerto Limón, which had been computed in accordance with the recommendations of the Pan American Sanitary Bureau, showed that no *Aedes aegypti* were present, they had even permitted patients suffering from jungle yellow fever to be brought into the port, and that action had had no ill results.

Dr DUREN (Belgium) said that to lay down that all houses within the area covered by the index should be examined was the ideal solution; but ideals were often dangerous and it would be better to adopt practicable measures. He would have no objection to the adoption of the definition proposed by the four delegations, provided the samples taken were truly significant.

He would appreciate receiving a copy of the recommendations of the Pan American Sanitary Bureau, in order to study them.

He approved the use of the term "houses" instead of "habitations".

He agreed with what the delegate of the Union of South Africa had said about the importance of the time factor and would suggest the insertion of the words "established on a weekly basis and" after the word "ratio".
Dr MOCHTAR (Indonesia) said it was obvious that the indices would frequently have to be established by random samples, but it would be better to examine every house in the area concerned, since statistics compiled by means of sampling always involved a degree of error.

Sir Eric PRIDIE (United Kingdom of Great Britain and Northern Ireland) suggested adding at the end of the text proposed by the four delegations the sentence "The total number of premises in the area and the dates during which the survey took place should be stated."

Professor FERREIRA (Brazil) said that the adoption of that sentence would solve most of the difficulties that had arisen.

In reply to the delegate of Indonesia, he would mention there were mathematical ways of checking samples.

Dr MONTALVAN (Ecuador) said that the addition of the sentence proposed by the delegate of the United Kingdom would make the text vague. Some authorities would require more time than others for establishing the indices. He was therefore opposed to a definite period for establishing each index being specified in the text.

He was not certain whether the term "houses" covered all buildings; if it did he had no objection to the text proposed by the four delegations.

Dr JAFAR (Pakistan) said that Article 70, paragraph 2, showed that the definition
of *Aedes aegypti* index was extremely important. The term "habitation" had originally been used in preference to the term "houses", since *Aedes aegypti* usually lived in or near habitations. The phrase "in a limited well-defined area" had been used precisely in order that those computing the index would be able to examine every habitation in the area covered by the index. He was therefore still convinced that the Quarantine Committee's definition should be adopted without alteration.

Mr GUTTERIDGE (Secretariat) said that there were questions of a legal nature connected with the amendments proposed by the delegates of the United Kingdom and of Belgium; for directions as to how to compile the indices should not be inserted in an article which consisted only of a set of definitions. He would like to suggest that the substance of those amendments should rather be inserted in some other article, perhaps Article 6 or Article 70. He had grave doubts as to what would be the effect of inserting the words they had suggested in Article 1.

Sir Eric PRIDIE (United Kingdom of Great Britain and Northern Ireland) withdrew the amendment he had proposed.

The CHAIRMAN said that the delegate of the United Kingdom could re-introduce the substance of his proposal when the Sub-Committee discussed Articles 6 or 70, and the delegate of Belgium could also re-introduce the substance of his proposal then if he withdrew it at the present juncture.

Dr DUREN (Belgium) withdrew the amendment he had proposed.

The CHAIRMAN put the definition proposed by the four delegations to the vote.

**Decision:** The definition was adopted by 25 votes to 14 with 5 abstentions.
Epidemic

There were no comments on the definition of the term "epidemic" proposed by both the Committee on International Quarantine and the four delegations.

Decision: The definition was adopted.

First case

Decision: It was agreed to delete the definition of the term "first case".

Foyer

Decision: It was agreed to delete the definition of the term "foyer".

Infected local area

The CHAIRMAN pointed out that the question of the definition of "infected local area" was closely connected with the proposals made by the Quarantine Committee and the four delegations concerning Article 7.

Dr de CARVALHO-DIAS (Portugal) said that he agreed with almost all of the proposals made by the four delegations, but he disagreed with the definition they proposed for the term "infected local area", and he disagreed with the definition proposed by the Quarantine Committee; for he was opposed to changing the definition of the term in the existing Regulations in such a way as to create additional obstacles to international traffic.

So far as smallpox was concerned, he was in favour of making the definition no more strict that it was in the Regulations as they stood at present. The definition had been made more strict once already; for according to the present definition a local area in which two or more cases of smallpox occurred should be considered an infected local area, whereas according to the International Sanitary Conventions of 1926 and 1944 only local areas in which there was a smallpox epidemic were considered as infected local areas. He would therefore propose that item (a) of the definition proposed by the four delegations should be amended to read "a local area where there
is a non-imported case of plague, cholera or yellow fever, or more than one imported
or non-imported case of smallpox”.

Dr JAFAR (Pakistan) asked why the four delegations had disregarded three of the
five criteria for determining the presence of yellow fever proposed by the yellow-
fever experts who had attended the second session of the Quarantine Committee.

Dr SPENCER (United States of America) said that the yellow-fever virus moved
quickly, and since many points of departure for international traffic were close to
jungle areas, jungle yellow fever should be treated as urban yellow fever.

In answer to the delegate of Pakistan he would state that when the comments in
the document submitted by the four delegations were being compiled, the importance
of immunological surveys as an ancillary means of determining the presence of the
yellow-fever virus had not been forgotten, but it had been wished to avoid the con-
fusion which might occur when immunity tests were made in places where people had
been vaccinated but such vaccinations had not been recorded.

Dr JAFAR (Pakistan) said that the answer given by the delegate of the United
States of America had strengthened his belief that the text of the four delegations
had been drafted having regard only to conditions in Central and South America.
There had been extensive vaccination against yellow fever there; but there were areas
near India where yellow fever was a danger, and where, since there had been prac-
tically no vaccination against yellow fever and no surveys had been made, serological
tests were the only means of determining the presence of the yellow-fever virus. He
was therefore in favour of retaining all the criteria recommended by the experts
(see document WHO/IQ/25, page 25).
Professor FERREIRA (Brazil) said he was opposed to employing criteria other than the two criteria mentioned in the four delegations' comments; to make use of serological tests would merely confuse matters, inasmuch as many people had been vaccinated against yellow fever and many more would be vaccinated in the future.

Dr GARCIN (France) said it was clear that, as more people were vaccinated against yellow fever, it would become more difficult to determine the presence of the virus by means of immunity tests. However, there would certainly be cases in which it would be possible to establish that persons who had not been vaccinated were immune; he was therefore in favour of retaining the first criterion recommended by the experts. The second criterion should also be retained, since wild primates would not be vaccinated and immunity in them indicated that the virus had been present comparatively recently. Indeed he was of the opinion that all five criteria should be retained.

Dr VARGAS-MENDEZ (Costa Rica) said that one of the experts, Dr Taylor, had told him he considered that immunological tests had a complementary and historical value, but were not of immediate use. He completely agreed: In 1940 immunological tests carried out in Panama, near the Guatemalan frontier, gave positive results, but the infection, carried by monkeys, did not cause cases of yellow fever in Panama until 1948.

Dr MORRIS (Federation of Rhodesia and Nyasaland), referring to the comments made by the delegate of Pakistan, said that an epidemiological survey was being made in the Federation of Rhodesia and Nyasaland, and that it might result in widespread vaccination against yellow fever there. Consequently he believed that the text proposed by the four delegations was the best one so far as Africa was concerned.
Dr MONTALVAN (Ecuador) said that immunological evidence was of little use in attempting to form an accurate picture of the presence or absence of the yellow-fever virus in the population. Many areas such as Guayaquil for example, which had been endemic zones could no longer be so classified, although the inhabitants had developed immunity to the disease and blood tests would disclose the presence of the protective antibodies for many years. He would therefore support the amendment of the four delegations.

Dr DUREN (Belgium) did not contest the importance of the protection test in man but he agreed with the delegate of Ecuador that such tests were probably of little immediate value today. The inclusion of a reference to that test in the definition might create more problems than it would solve; if evidence of immunity were to be accepted as a subsidiary test it should in any event not be mentioned in the definition itself.

He was prepared to give sympathetic consideration to the Portuguese amendment relating to smallpox.

Dr SANCHEZ VIGIL (Nicaragua) said that on the basis of his own experience in combating yellow fever, he preferred the definition of the four delegations. In 1936, with the aid of the Rockefeller Foundation, he had attempted to ascertain the degree of immunity to yellow fever in the population of Nicaragua. No positive samples had been encountered for a number of years. While such investigations were indicative, owing to the widespread vaccination of the population it was impossible to tell by that method whether or not the yellow-fever virus was still present.

Dr JAFAR (Pakistan) would welcome further details on the scope of the project to which the representative of the Federation of Rhodesia and Nyasaland had referred.
True, many persons who had been vaccinated would show immunity to yellow fever for that reason alone; but vaccination was not widespread in all countries and the International Sanitary Regulations should be drafted to meet present needs. Until the entire population of Africa had been vaccinated he felt it would be unwise to set aside immunological evidence.

Dr LE ROUX (Union of South Africa) said that his country was in a highly vulnerable position as regards yellow fever and although not very receptive in some areas it was highly receptive in others. His Government attempted, however, to collaborate with other nations in an effort not to restrict travel unduly.

Recently, in the vicinity of a sanitary airport, traces of the virus had been found in an animal, but it had later been ascertained that the infection had not been transmitted by air traffic, but had probably been propagated by land. He mentioned the case to show that precautions taken with respect to international traffic were not the only means of protecting a country. Care should be exercised in imposing restrictions, since the danger of extension of disease by land was sometimes greater than the danger of its entry by air.

The CHAIRMAN put to the vote the definition proposed by the four delegations.

Decision: The definition of the four delegations was adopted by 22 votes to 14, with 6 abstentions.

Mr GUTTERIDGE (Secretariat) drew attention to the fact that from the legal standpoint the Sub-Committee's decision would appear to make Article 7 unnecessary. If Article 7 were retained he was not sure what its precise meaning would be and it would be useful if the Sub-Committee would clarify the point.

Dr de CARVALHO-DIAS (Portugal) asked whether his amendment had been disposed of by the Sub-Committee's vote.
Dr DUREN (Belgium) thought that the Sub-Committee had voted without taking into account the Portuguese amendment, contrary to the usual practice under the Rules of Procedure. If that interpretation was correct a procedural error had occurred and the discussion should be reopened.

Dr UREÑA (Dominican Republic) pointed out that, rightly or wrongly, a decision had been taken and that the matter should be considered closed.

Professor FERREIRA (Brazil) observed that under Rule 62 of the Rules of Procedure any question could be reconsidered if a two-thirds majority of the Members present and voting so decided. He doubted, however, whether the public interest would be better safeguarded if the Portuguese amendment were adopted.

Dr GARCIN (France) proposed that the vote on the definition of an "infected local area" should be reopened.

After a brief procedural discussion in which Dr SPENCER (United States of America), Dr de CARVALHO-DIAS (Portugal) and Dr JAFAR (Pakistan) participated, the CHAIRMAN put the French proposal to the vote.

Decision: There were 34 votes in favour, 4 votes against and 5 abstentions. The proposal, having obtained the required two-thirds majority, was adopted.

The CHAIRMAN put the Portuguese amendment to the vote.

Decision: The Portuguese amendment was rejected by 15 votes to 14, with 14 abstentions.
At the suggestion of Dr JAFAR (Pakistan) the CHAIRMAN again put the text of
the definition proposed by the four delegations to the vote.

**Decision:** The definition of the four delegations was adopted by 25 votes to
15, with 5 abstentions.

*Yellow Fever Endemic Zone*

**Decision:** The proposal of the four delegations for the deletion of the
definition of a yellow-fever endemic zone was adopted unanimously.

*Yellow Fever Receptive Area*

**Decision:** The definition of a yellow-fever receptive area proposed by the
four delegations was adopted by 24 votes to 0, with 15 abstentions.

*Article 3, paragraph 2*

Dr DAIRE (Tunisia) said that Article 3 related not only to yellow fever but also
to other diseases and for many of those no reasonably certain clinical diagnosis was
possible until the laboratory reports had been received. Recently in Tunisia, despite
the clinicians' considerable experience of smallpox, a number of cases had been
diagnosed as suspected smallpox, and laboratory tests had proved that they were not
smallpox. In the circumstances the proposal of the four delegations would merely
serve to complicate the issue and he would prefer to maintain Article 3 unchanged.
If the text of the four delegations were approved, however, it might be better to
redraft the paragraph to apply specifically to yellow fever.

Dr UREÑA (Dominican Republic) preferred the proposal of the four delegations.
He also pointed out that the phrase "shall be confirmed as soon as possible by
laboratory methods as far as resources permit", provided for laboratory confirmation wherever possible.

Dr GARCIN (France) supported the text of the four delegations, which was in conformity with the wishes of the experts who had taken part in the second session of the Committee on International Quarantine. The words "sans délai" should however be replaced by the words "aussitôt que possible" in order to bring the French text into harmony with the English, which he considered more satisfactory.

Dr MacCORMACK (Ireland) would also vote for the proposal of the four delegations.

With reference to the Tunisian representative's remarks, he said that protective measures had to be taken, even on suspicion. Inconvenience caused to the individual, if the diagnosis was not confirmed, was to be regretted, but was justified for the protection of the community.

The CHAIRMAN said that the French drafting amendment would be incorporated into the French text.

**Decision:** The text of Article 3, paragraph 2, proposed by the four delegations was adopted by 30 votes to 1, with 9 abstentions.

**Article 6**

Dr LAKSHMANAN (India) said that the Committee on International Quarantine had discussed the draft of Article 6 at length and had formulated its proposals only after due deliberation. He wondered why the four delegations proposed to reduce from 12 to 3 months the period during which freedom of infection could not be notified following
a case of jungle yellow fever. He also was not clear as to why it provided for maintenance for one month of an *Aedes aegypti* index below one per cent. following a case of urban yellow fever.

Dr SPENCER (United States of America) said the four delegations had taken into consideration the mobile character of a yellow fever epizootic which, once it had passed, would not return immediately and could not involve the cities if proper control measures were taken. They had felt that the time proposed by the Committee on International Quarantine could safely be reduced.

The four delegations' proposals were more practical than those of the Quarantine Committee which involved a twelve-month waiting period which would have serious economic implications and constitute a considerable obstacle to traffic.

**Decision:** The four delegations' draft of Article 6 was adopted by 19 votes to 17, with 9 abstentions.

**Article 7**

Professor FERREIRA (Brazil) said that in view of the Committee's decision on the definition of infected local area, Article 7 was now superfluous.

Dr SPENCER (United States of America) said that in view of the comments of the representative of the Legal Office he would agree to the deletion of Article 7 from the International Sanitary Regulations.

Dr GARCIN (France) thought that the matter should be given further study in order to ensure that no important provision was omitted from the Regulations through the deletion of Article 7. He proposed therefore that the Sub-Committee should
leave the question in abeyance and that it should be referred to the next session of
the Committee on International Quarantine.

Dr OCADIZ (Mexico) drew attention to the fact that Article 7 of the
International Sanitary Regulations called for reports on the extent of the area
involved when the virus of yellow fever was discovered in an area where it had not
previously been recognized. That was an extremely important point which was not
covered elsewhere in the Regulations.

Dr UREÑA (Dominican Republic), Dr DUREN (Belgium), and Dr van den BERG
(Netherlands) supported the French proposal.

Dr DAIRE (Tunisia) moved the adjournment of the debate under Rule 54 of the
Rules of Procedure.

Decision: The motion was rejected by 23 votes to 15, with 6 abstentions.

Mr CALDERWOOD (United States of America) proposed that the four delegations
should be given time to prepare an alternative draft for submission to the Committee
at the present session.

Dr ACOSTA-MARTINEZ (Venezuela) endorsed the United States proposal.

Dr HURTADO (Cuba) agreed that the Sub-Committee's decisions, particularly
concerning the definitions of an infected local area, would render Article 7
inoperative. The Committee should note that fact in its report and recommend to the
Quarantine Committee that a new draft be prepared taking its decision into account.
Dr OCADIZ (Mexico) suggested that Article 7 should be maintained provisionally for one year and that the Committee on International Quarantine should be invited to submit fresh proposals to the Ninth World Health Assembly.

Dr TOTTIE (Sweden) agreed with the delegate of Cuba.

Dr PIERRE-NOEL (Haiti) and Dr GARCIN (France) supported the proposal of the delegate of Mexico.

Dr DAIRE (Tunisia) asked for the closure of the debate in accordance with Rule 56 of the Rules of Procedure.

Professor FERREIRA (Brazil) opposed the motion.

Mr CALDERWOOD (United States of America) also opposed the closure of the debate because he thought that the Sub-Committee could agree on a solution. He had first been inclined to support the deletion of Article 7 but in view of the necessity for prompt notification of the presence of yellow-fever virus, he now felt that the text should be retained provisionally for one year.

Dr DAIRE (Tunisia) withdrew his motion for closure.

The CHAIRMAN suggested that delegates should attempt to work out a compromise text for submission to the Sub-Committee at its next meeting.

It was so agreed.

The meeting rose at 12.30 p.m.