

**OFFICIAL RECORDS  
OF THE  
WORLD HEALTH ORGANIZATION  
No. 37**



**INTERNATIONAL SANITARY  
REGULATIONS**

**PROCEEDINGS OF THE SPECIAL COMMITTEE  
AND OF THE  
FOURTH WORLD HEALTH ASSEMBLY  
ON  
WHO REGULATIONS No. 2**

**WORLD HEALTH ORGANIZATION  
PALAIS DES NATIONS  
GENEVA**

**April 1952**

## ABBREVIATIONS

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

ACC	— Administrative Committee on Co-ordination
ECA	— Economic Co-operation Administration
ECAFE	— Economic Commission for Asia and the Far East
ECE	— Economic Commission for Europe
ECLA	— Economic Commission for Latin America
FAO	— Food and Agriculture Organization
ICAO	— International Civil Aviation Organization
ICITO	— Interim Commission of the International Trade Organization
ILO	— International Labour Organisation (Office)
IMCO	— Inter-Governmental Maritime Consultative Organization
IRO	— International Refugee Organization
ITU	— International Telecommunication Union
OIHP	— Office International d'Hygiène Publique
PASB	— Pan American Sanitary Bureau
PASO	— Pan American Sanitary Organization
TAB	— Technical Assistance Board
TAC	— Technical Assistance Committee
UNESCO	— United Nations Educational, Scientific and Cultural Organization
UNICEF	— United Nations International Children's Emergency Fund
UNKRA	— United Nations Korean Reconstruction Agency
UNRRA	— United Nations Relief and Rehabilitation Administration
UNRWAPRNE	— United Nations Relief and Works Agency for Palestine Refugees in the Near East
WFUNA	— World Federation of United Nations Associations
WMO	— World Meteorological Organization

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TO CONSIDER THE DRAFT INTERNATIONAL SANITARY REGULATIONS**

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## INTRODUCTION

Up to the middle of the nineteenth century, so far as international travel was concerned, sanitary measures were applied by countries only when pestilence arrived at their shores. Quarantine practices were primitive and differed widely from one place to another. Port administrations decided in each case what measures should be imposed. Decisions were, therefore, arbitrary and depended on the whims and caprices of local officials.

Exactly one hundred years ago, in 1851, the rapid expansion of international trade and travel resulting from the advent of steam navigation and the great variety of quarantine practices led the French Government to convene, in Paris, the first of a long series of international conferences. The purpose of this conference was to work out an agreement between the various countries for the application of the best preventive measures against cholera, plague and yellow fever, and to discuss the adoption of a uniform sanitary code to govern international traffic. Reluctance to adopt a common code, however, was strong and the conference did not meet with the success it deserved. This first attempt was followed by a succession of further international conferences : in Paris in 1859 ; in Constantinople in 1866 ; in Vienna in 1874 ; in Washington in 1881 and in Rome in 1885 ; but it was not until 1892 that, for the first time, a convention dealing with the sanitary control of international traffic was approved by all the participating countries.

The next date of interest is 1893 when, as a result of the cholera pandemic, an international conference met at Dresden. A year later, in 1894, the first sanitary conference on the Mecca Pilgrimage was held in Paris. In 1897 the appearance of plague in Bombay caused uneasiness in Europe and led to a similar meeting in Venice.

In the Americas, the Pan American Sanitary Bureau was established in Washington, D.C. in 1902, and the Pan American Sanitary Convention signed in 1905. In 1903, a conference which met in Paris adopted resolutions to establish an international health office and as a result the Office International d'Hygiène Publique (OIHP) was set up by the Rome Agreement of 1907. The successful work of these two bodies in their early years, helped by the progress in scientific and technical knowledge, is demonstrated by the results of the succeeding international conferences. Following a conference in Paris, a new convention was adopted in 1912, and in 1924 the Pan American Sanitary Code was signed at Habana.

After the first world war the Permanent Committee of the Office International d'Hygiène Publique held a long series of meetings devoted to the preparation of a new and revised international sanitary convention, which was signed in 1926 in Paris by the representatives of 66 countries and subsequently ratified by 44. This convention, as well as that of 1912, is still in force, although the former has been twice modified : by a convention signed in Paris in 1938 and by the International Sanitary Convention, 1944.

The development of air travel, still a relative new comer to international traffic (the Atlantic was first flown in 1919, and in the same year the pioneer flight was made from England to Australia), showed the need for a comparable code of practice to apply to aerial navigation. The Office International d'Hygiène Publique, in consultation with appropriate bodies, drafted the text of a convention which was presented for signature at The Hague in 1933. This convention — the 1933 International Sanitary Convention for Aerial Navigation — was, like the 1926 convention for maritime traffic, modified by the International Sanitary Convention for Aerial Navigation, 1944.

In 1934, the International Agreement for dispensing with Bills of Health and the International Agreement for dispensing with Consular Visas on Bills of Health were signed in Paris.

The 1944 conventions referred to above came into force on 15 January 1945, by which time they had been signed by 17 governments. Protocols to prolong the 1944 conventions were signed in Washington in 1946.

Thus, during the first half of the twentieth century there were no less than thirteen conventions or arrangements of a diplomatic character relating to health control measures to be taken at frontiers. Unfortunately, however, none of these conventions had ever completely superseded all its predecessors. The multiplicity of the obligations undertaken by States—some being party to certain of these diplomatic instruments but not to others—has always been a cause of trouble and confusion in international traffic. Further, the procedure by which conventions had to be signed subject to ratification did not allow the rapid simultaneous application

of the agreed texts everywhere, nor could they readily and easily be brought up to date to take into account the changing epidemiological situation, the experience gained or the progress of science and technique.

The question of the revision of the International Sanitary Conventions and their consolidation into one text applicable to all means of transport was considered in March and April 1946 by the Technical Preparatory Committee of the International Health Conference. It was again taken up by the conference itself in June and July of the same year, and the universal recognition of the need for unification of international sanitary arrangements found expression in the inclusion, among the constitutional functions of the World Health Organization, of that of proposing conventions and regulations and making recommendations with respect to international health matters. The principle is further developed in Article 21, which gives the Health Assembly "authority to adopt regulations concerning sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease". Nevertheless, the necessity for revising and codifying the conventions and the urgency of the work were not actually mentioned until the second session of the Interim Commission of the World Health Organization, in November 1946.

In conferring on the World Health Organization authority to adopt international sanitary regulations, the authors of the Constitution clearly intended to set up a new procedure to achieve the required unification, and to give the new regulations the flexibility made necessary by the rapidity of present advances in medical knowledge and means of transport, impossible under the older system with its cumbersome procedure of special international conferences and ratifications. That flexibility is provided by Article 22 of the Constitution, in pursuance of which regulations adopted by the Health Assembly come into force for all Members, except for those signifying rejection or reservations within a given period, after simple notification. The procedure for amendment of the regulations is equally simple, and the World Health Assembly can ensure that the regulations are promptly and continually adapted to changing circumstances and needs.

In the early months of its existence, the Interim Commission of the World Health Organization established expert committees to prepare a revision of existing sanitary conventions by the study of such questions as the sanitary control of the Mecca Pilgrimage and modern advances in epidemiology and methods of disinsecting. The technical documentation thus produced was used by the Expert Committee on International Epidemiology and Quarantine in framing a set of principles to serve as a guide in the preparation of the new international sanitary regulations. After approval of these principles by the Second World Health Assembly, the expert committee, with the help of its legal sub-committee, produced preliminary draft regulations which, after further study of comments and suggestions from governments, led to the draft to which the Special Committee gave final form with a view to its adoption by the Fourth World Health Assembly.

Among the main principles which have guided the authors of the Regulations must be mentioned the search for maximum security against international spread of disease with minimum interference with world traffic. Despite the circumstances and the difficulties encountered in reaching agreement, the text was deemed to be the best possible attainable at present and was adopted unanimously on 25 May 1951 by the representatives of the 60 governments present at the Fourth World Health Assembly.

In conclusion, it may be reaffirmed that the Regulations are a revision and a consolidation of the texts of the numerous conventions and similar agreements still extant; they will enter into force for all Member States of the World Health Organization (and also for those non-member States who so signify) on 1 October 1952, unless a reservation accepted by the Health Assembly, or a rejection, has previously been made.

\* \* \*

The first part of this publication consists of the proceedings of the Special Committee appointed by the Third World Health Assembly; of the Committee on International Sanitary Regulations of the Fourth World Health Assembly and of the plenary session of the Fourth World Health Assembly at which the Regulations were adopted. The second part of the volume contains the text of the Regulations with an explanatory memorandum, a table of comparison between the provisions of the Regulations and those of previous sanitary conventions and similar agreements, and an index to the Regulations.

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**PART I**

**PROCEEDINGS**

*The Special Committee established by the Third World Health Assembly (resolution WHA3.71.1) to consider the draft International Sanitary Regulations met from 9 April until 15 May 1951 in the Palais des Nations, Geneva, and held 36 plenary meetings under the chairmanship of Dr. M. T. Morgan (United Kingdom).*

*The Fourth World Health Assembly, also held in the Palais des Nations (7 to 25 May), appointed as one of its main committees the Committee on International Sanitary Regulations—again with Dr. Morgan as Chairman—which considered the text of the Regulations prepared by the above Special Committee.*

*Participation in the meetings of the committee of the Fourth Health Assembly differed somewhat from the membership of the Special Committee, since all Assembly delegations are entitled, under the Rules of Procedure, to take part in the sessions of main committees. The names of members of these delegations are not reproduced in this volume, as a full list of delegates and other participants is contained in Official Records No. 35, Proceedings of the Fourth World Health Assembly.*



**SPECIAL COMMITTEE**  
**APPOINTED BY THE THIRD WORLD HEALTH ASSEMBLY**  
**TO CONSIDER THE DRAFT INTERNATIONAL SANITARY REGULATIONS**

**LIST OF DELEGATES AND OTHER PARTICIPANTS**

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**Delegations of Member States**

**AUSTRALIA**

*Delegate:*

Dr. D. A. DOWLING, Chief Medical Officer,  
Australia House, London

**AUSTRIA**

*Delegate:*

Mr. K. STROBL, Assistant Director, Federal  
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*Delegates:*

Dr. P. J. J. VAN DE CALSEYDE, Directeur général  
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Dr. A. N. DUREN, Inspecteur général de l'Hygiène,  
Ministère des Colonies

M. L. A. D. GEERAERTS, Directeur au Ministère  
des Affaires étrangères et du Commerce extérieur

*Adviser:*

M. F. A. E. BOSMANS, Conseiller adjoint pour les  
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**BURMA**

*Delegate:*

Dr. BA MAUNG, Port Health Officer, Rangoon

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*Delegate:*

Dr. H. D. REID, Chief, Quarantine, Immigration,  
Medical and Sick Mariners Services, Depart-  
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*Alternate:*

Dr. B. BUNDOCK, Medical Officer, Immigration  
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*Delegate:*

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*Delegates:*

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Dr. J. A. LORCK, Assistant Chief of Section,  
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Mr. J. B. PEYNADO, Minister Plenipotentiary in  
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*Delegates:*

Dr. M. A. NASR Bey, Under-Secretary of State  
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Delegate*)

Dr. M. S. EL-FAR Bey, Deputy Director-General,  
Quarantine Administration, Alexandria

Dr. A. EL-HALAWANI, Director, Fouad I Research  
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*Adviser:*

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Member of the Council of State

**FRANCE**

*Delegates:*

Dr. R. DUJARRIC DE LA RIVIÈRE, Sous-Directeur  
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M. R. MASPÉTIOL, Conseiller d'Etat

Dr. M. GAUD, Directeur du Centre international  
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*Adviser :*

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## GREECE

*Delegate :*

Dr. G. P. ALIVISATOS, Professor of Hygiene at the University and Professor of Epidemiology at the School of Hygiene, Athens

## ICELAND

*Delegate :*

Dr. J. SIGURJÓNSSON, Professor of Hygiene, University of Iceland

## INDIA

*Delegate :*

Dr. K. C. K. E. RAJA, Director-General of Health Services

## INDONESIA

*Delegate :*

Dr. MA'MOEN AL RASHID KOESOMADILAGA, Director, Quarantine Service, Ministry of Health

*Adviser :*

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Mr. Z. DAVIDIAN, Acting Director, International Health Relations Department, Ministry of Health

## ITALY

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Dr. M. GRISOLIA, Chief Inspector and Chief, Division of Quarantine Services, Office of the High Commissioner for Hygiene and Public Health

Dr. R. MALAN, Health Inspector, Office of the High Commissioner for Hygiene and Public Health

*Advisers :*

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Mr. S. CALLEA, Attaché, Consulate-General in Geneva

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Dr. P. CARON, Conseiller du Gouvernement royal du Laos pour les Questions sanitaires

## LUXEMBOURG

*Delegate :*

Dr. P. SCHMOL, Directeur du Laboratoire bactériologique de l'Etat

## MONACO

*Delegate :*

M. R. BICKERT, Consul général à Genève

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## PAKISTAN

*Delegate:*

Dr. M. JAFAR, Director-General of Health

## PHILIPPINES

*Delegates:*

Dr. R. G. PADUA, Under-Secretary of Health  
(*Chief Delegate*)

Dr. R. ABRIOL, Director, Quarantine Service,  
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*Alternate:*

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*Delegate:*

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## SAUDI ARABIA

*Delegates:*

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Dr. J. ARACTINGI, Director of Laboratories,  
Ministry of Health

## THAILAND

*Delegate:*

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Department of Public Health, Ministry of  
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## UNION OF SOUTH AFRICA

*Delegate:*

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<sup>1</sup> Acted as Chief Delegate after Dr. Morgan's election as  
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<sup>2</sup> Admitted to membership of WHO, 16 May 1951 ; instru-  
ment of acceptance of the Constitution deposited 29 May 1951

<sup>3</sup> Admitted to membership of WHO, 16 May 1951 ; instru-  
ment of acceptance of the Constitution deposited 28 May 1951

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Mr. A. COHEN, Migration Section, Manpower  
Division

**INTERNATIONAL CIVIL AVIATION  
ORGANIZATION**

Mr. R. J. MOULTON, Chief, Facilitation (FAL)  
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Dr. F. E. DE TAVEL, Medical Adviser

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**Observers for Related Non-Governmental Organiza-  
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Sir Harold E. WHITTINGHAM, Chairman, Medical  
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## AGENDA

[A3-4/SR/3]  
1 March 1951

- 1 Introductory remarks by the Director-General
- 2 Election of Chairman
- 3 Election of Vice-Chairmen
- 4 Adoption of the agenda
- 5 Draft International Sanitary Regulations : WHO Regulations No. 2
- 5.1 Articles in the main body of the Regulations and the international forms of certificates
- 5.2 Annex A—Sanitary control of pilgrim traffic approaching or leaving the Hedjaz during the season of the Pilgrimage
- 5.3 Annex B—Standards of hygiene and welfare on pilgrim ships and on aircraft carrying pilgrims
- 6 Control of insect vectors of malaria in international air traffic and the desirability of keeping in force the provisions contained in paragraph 2 of Article XVII of the International Sanitary Convention for Aerial Navigation, 1944, pending the adoption of special WHO regulations on the subject
- 7 Draft memorandum introducing the International Sanitary Regulations and outlining the principles on which they are based
- 8 Other business
- 9 Election of Rapporteur <sup>1</sup>

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<sup>1</sup> Added by the Special Committee at its first meeting

## DRAFT INTERNATIONAL SANITARY REGULATIONS

[A3-4/SR/1]

*Reproduced below is the draft text of the Regulations, which formed the basis of the Special Committee's work (see Introduction and minutes of the first meeting, section 1). Through the amendment of the draft Regulations by the committee, the original numbering of the articles was changed. To facilitate reference, therefore, the numbers of the corresponding articles in the Regulations as approved (page 334) have been inserted in square brackets after the article numbers of the draft Regulations below.*

The ... World Health Assembly

Considering that one of the aims of international co-operation in public health is the eradication of disease ; that prolonged efforts will be required until such eradication can be achieved ; that for the present there is danger of the spread of communicable diseases and that therefore Regulations remain necessary to limit the extension of outbreaks of disease ;

Recognizing the necessity to revise and consolidate the several International Sanitary Conventions and similar Arrangements at present in force and to replace them by International Sanitary Regulations applicable to the several means of international transport and aimed at ensuring the maximum security against the international transmission of communicable diseases with the minimum interference with world traffic ;

Considering that, by virtue of such replacement, periodical revisions, in order to take account of future progress in science, will be facilitated ;

Having regard to Articles 2 (k), 21 (a), 22, 29, and 64 of the Constitution of the World Health Organization,

ADOPTS, this ... 19..., the following Regulations which are hereinafter referred to as " these Regulations "

### PART I — DEFINITIONS

#### *Article 1*

[Art. 1]

For the purposes of these Regulations :

" *Aëdes aegypti index* " means the percentage ratio, determined after examination of all habitations in a given area occupied by a single family, between the number of such habitations and the number in which breeding-places of larvae of *Aëdes aegypti* are found ;

" *aircraft* " means an aircraft making an international voyage ;

" *airport* " means an airport designated by the State in whose territory it is situated as an airport of entry or departure for international air traffic ;

" *approved port* " means a port which possesses the equipment and personnel necessary for the deratting of vessels and which is authorized to issue the Deratting and Deratting Exemption Certificates referred to in Article 46 ;

" *arrival* " of a ship, an aircraft, an inland navigation vessel, a train, or a road vehicle means,

(a) in the case of a ship or an aircraft, arrival at a port ;

(b) in the case of a train or a road vehicle, arrival at a frontier post ;

(c) in the case of an inland navigation vessel, arrival either at a port or at a frontier post, as geographical conditions and agreements among the States concerned, under Article 98 or under the laws and regulations in force in the territory of entry, may determine ;

" *authenticated* ", when used in connexion with the signature of a vaccinator on a certificate of vaccination, means :

either (a) if the vaccinator is a member of a national or local health service or of the armed forces of a State, the placing on the certificate of the official stamp of his service ;

or (b) in any other case, certification of the professional status of the vaccinator by the health authority or any other person qualified to do so by the Government of the territory where the certificate was issued or where the subsequent vaccination took place ;

" *baggage* " means the personal effects of a traveller or of a member of the crew ;

" *crew* " means the personnel of a vessel, aircraft, train, or road vehicle who are employed for duties on board ;

" *day* " means an interval of twenty-four hours ;

" *direct transit area* " means a special area established in connexion with an airport, approved by the health authority concerned and under its direct supervision, for accommodating direct transit traffic and, in particular, passengers and crews breaking their air journey without leaving the airport ;

" *epidemic* " means an extension or multiplication of a foyer ;

" *epidemic diseases* " means plague, cholera, yellow fever, smallpox, typhus, and relapsing fever ;

" *first case* " means the first non-imported case of an epidemic disease in a local area hitherto free from it, or in which it had ceased to occur during the period indicated for each such disease in Article 6 of these Regulations ;

" *foyer* " means the occurrence of one or more secondary cases of an epidemic disease in the neighbourhood of a first case. The first case of yellow fever transmitted by *Aëdes aegypti* shall be considered as a foyer ;

" *health administration* " means the governmental authority responsible over the whole of a territory to which these Regulations apply for the implementation of the sanitary measures provided herein ;

“*health authority*” means the authority immediately responsible for the application in a local area of the sanitary measures provided for that area by these Regulations ;

“*imported case*” means a case brought from one territory to another ;

“*infected local area*” means a local area which is part of a yellow-fever endemic area or a local area in which a first case of plague or cholera has occurred or where there is a foyer of yellow fever or an epidemic of smallpox, typhus, or relapsing fever or where plague infection among rodents has been found during the last six months on land or on craft which are part of the equipment of a port ;

“*infected person*” means a person who is suffering from an epidemic disease, or who is believed to be infected with such a disease, or who is otherwise considered to be capable of transmitting the infection ; in the application of this definition, a person presenting clinical signs of cholera shall, pending bacteriological confirmation, be regarded as suffering from cholera ;

“*inland navigation port*” means a port, other than a port normally frequented by seagoing vessels, which is used for foreign trade ;

“*inland navigation vessel*” means a vessel making an international voyage, other than a ship ;

“*international journey*” means a journey extending over at least two territories whether different States or the same State be responsible for the international relations of these territories ;

“*international voyage*” means, in the case of a ship, a voyage between ports of different territories, or between ports of the same territory, but, in the latter instance, only in so far as regards the relations of the ship with any other territory ; in the case of an aircraft or an inland navigation vessel, a voyage extending over at least two territories ; in each case, whether different States or the same State be responsible for the international relations of the territories referred to ;

“*isolation*”, when applied to a person or group of persons, means the separation of that person or group of persons from other persons except the health staff on duty ;

“*local area*” means a part of a territory, which may be a port or an airport, possessing a health organization able to take the appropriate sanitary measures permitted or prescribed by these Regulations ;

“*medical examination*” includes visit to and inspection of a vessel, aircraft, train, or road vehicle, and the preliminary examination of persons on board ;

“*Organization*” means the World Health Organization ;

“*pilgrim*” means a person making the Pilgrimage, and, in the case of passengers on board a pilgrim ship, includes every person accompanying or travelling with persons making the Pilgrimage ;

“*pilgrim ship*” means a ship :

(a) which voyages to and from the Hedjaz during a period beginning four months before and ending three months after the season of the Pilgrimage, and

(b) which carried pilgrims in a proportion of not less than one pilgrim per 100 tons gross ;

“*Pilgrimage*” means the pilgrimage to the Holy Places in the Hedjaz ;

“*relapsing fever*” means louse-borne relapsing fever ;

“*sanitary station*” means a port, an airport, or a frontier post at which the sanitary measures provided for in Annex A are applied to pilgrims, and which is provided with adequate staff, installations, and equipment for the purpose ;

“*seaport*” means a port which is normally frequented by seagoing vessels and used for foreign trade ;

“*ship*” means a seagoing vessel making an international voyage ;

“*ship's surgeon*”, in the case of a pilgrim ship, means a qualified medical practitioner required to be employed on such a ship, or, if there are two or more such medical practitioners so employed, the senior of them ;

“*suspect*” means a person who has been in contact with an infected person under conditions exposing him to the risk of infection or who otherwise is considered by the health authority as having been under such risk ;

“*typhus*” means louse-borne typhus ;

“*valid certificate*” when applied to vaccination means a certificate conforming with the rules and the model laid down in Appendix 2, 3, or 4, as appropriate ;

“*vessel*” means a ship or an inland navigation vessel ;

“*yellow-fever endemic area*” means an area in which *Aedes aegypti* is present but is not obviously responsible for the maintenance of the virus which persists among jungle animals over long periods of time and where its recent occurrence in humans may be detected by appropriate methods ;

“*yellow-fever receptive area*” means an area in which yellow fever does not exist but where conditions would permit its development if introduced.

## PART II — NOTIFICATIONS AND EPIDEMIOLOGICAL INFORMATION

### Article 2

[Art. 2]

1. For the application of these Regulations each State recognizes the right of the Organization to communicate directly with the health administration of its territory or territories. Any notification or information sent by the

Organization to the health administration shall be considered as having been sent to the State, and any notification or information sent by the health administration to the Organization shall be considered as having been sent by the State.

2. Any such notification or information received or sent by the Organization by telegram or telephone shall be classed as a government telegram or telephone call respectively and entitled to the priority accorded to any such telegram or telephone call.

*Article 3*

[Art. 3]

1. Each health administration shall notify to the Organization by telegram :

(a) the first case of plague, cholera, or yellow fever recognized in a local area of its territory, designating the local area in which the case has occurred. Each such case shall be confirmed by laboratory methods as far as local resources permit ;

(b) the occurrence of an epidemic of smallpox, typhus, or relapsing fever, designating the local area, or areas, affected ;

(c) the first discovery of rodent plague in a local area which has been free from this infection during the previous six months. Each such case shall be confirmed by laboratory methods as far as local resources permit.

2. Any such notification shall be made by the health administration as soon as it is informed of the occurrence and at the latest within twenty-four hours of the receipt of such information.

*Article 4*

[Art. 4]

1. Any notification required under (a) and (b) of paragraph 1 of Article 3 shall be promptly supplemented by information as to the source and type of the disease, the number of cases and deaths, the conditions affecting the spread of the disease, and the prophylactic measures taken.

2. Any notification required under (c) of paragraph 1 of Article 3 shall be supplemented with monthly reports on the occurrence.

*Article 5*

[Art. 5]

1. During an epidemic the notifications and information required under Articles 3 and 4 shall be followed by subsequent communications sent at regular intervals to the Organization.

2. These communications shall be as frequent and as detailed as possible. The number of cases and deaths shall be communicated at least once a week. The precautions taken to prevent the spread of the disease shall be stated, in particular what measures are being resorted to in order to prevent the spread of the disease to other territories by vessels, aircraft, trains, or road vehicles leaving the local area affected. In the case of plague the measures taken against rodents shall be specified. In the case of epidemic diseases transmitted by insect vectors the measures taken against such vectors shall also be specified.

*Article 6*

[Art. 6]

1. The health administration for a territory in which an infected local area is situated shall inform the Organization when that local area is free from infection.

2. An infected local area, other than a local area within a yellow-fever endemic area, may be considered as free from

infection when all measures of prophylaxis have been taken and maintained to prevent the recurrence of the disease or its spread to other areas, and when :

(a) in the case of plague, cholera, smallpox, typhus, and relapsing fever, a period of time equal to twice the incubation period of the disease, as hereinafter provided, has elapsed since the last case identified has died, recovered or been isolated, and infection from that disease has not occurred in any other local area in the vicinity, provided that, in the case of plague, if rodent plague is also present, the period determined under (c) of this paragraph has elapsed ;

(b) in the case of yellow fever outside a yellow-fever endemic area, one year has elapsed after the occurrence of the last diagnosed human case, or two months after the reduction of the *Aedes aegypti* index to not more than one per cent ;

(c) in the case of rodent plague, six months have elapsed since measures for the suppression of the epizootic have been satisfactorily completed.

*Article 7*

[Art. 7]

Each health administration shall notify the Organization forthwith of evidence of the presence of the virus of yellow fever in any part of its territory where it has not previously been recognized, and shall report the extent of the area involved.

*Article 8*

[Art. 8]

Each health administration shall notify the Organization forthwith of any change in the immunization requirements for foreign travel. It shall furnish the Organization once a year with a recapitulation of all measures in force.

*Article 9*

[Art. 10]

Any notification and information required under Articles 3 to 8 inclusive shall also be sent, on request, to any diplomatic mission or consulate established in the territory in which the infected local area or areas are situated, the virus of yellow fever has been recognized, or any change in the immunization requirements has been made.

*Article 10*

[Art. 11]

The Organization shall transmit to all health administrations, as soon as possible, all epidemiological and other information which it has received under Articles 3 to 8 inclusive.

*Article 11*

1. Each health administration shall immediately notify to the Organization the measures which it has decided to apply to arrivals from an infected local area and the withdrawal of any such measures, indicating the date of application or withdrawal.

2. The Organization shall at once forward such information to all other health administrations.



## PART III — SANITARY ORGANIZATION, METHODS, AND PROCEDURE \*

*Article 12*

1. There shall be in each territory, in proportion to the importance of its international trade and intercourse, a number of seaports or airports designated as sanitary ports or airports.
2. Where sanitary control is not carried out at the frontier the same rule shall apply to inland navigation ports.
3. Sanitary ports or airports shall be furnished with an organization and equipment sufficient for the reception of a vessel or aircraft, whatever its health conditions may be, and shall fulfil the conditions laid down in Article 13 as well as in Articles 14 and 15 respectively.

*Article 13*

There shall be provided in each sanitary port or airport :

- (a) an organized medical service with adequate staff, equipment, and premises ;
- (b) facilities for the transport, isolation, and care of infected persons or suspects ;
- (c) facilities for efficient disinfection and disinsecting and for any other prophylactic measure that may be required under these Regulations ;
- (d) a bacteriological laboratory or facilities for dispatching suspected material to such a laboratory ;
- (e) arrangements for immediate vaccination against cholera, yellow fever, and smallpox ;
- (f) an effective system for the removal and safe disposal of excrement, refuse, waste water, condemned food, and other material dangerous to health.

*Article 14*

1. In addition to the requirements of Article 13 there shall be provided in each sanitary port :
  - (a) an adequate supply of pure drinking-water at the disposal of the port and of shipping ;
  - (b) a competent and adequate staff and equipment for the deratting of vessels, shipyards, docks, and warehouses ;
  - (c) a permanent organization for the collection and examination of rats.

2. Every effort shall be made to extend rat-proofing to all port installations.

*Article 15*

1. In addition to the requirements of Article 13 and with a view to maintaining in sanitary airports, particularly in airports with direct transit areas, a high level of hygiene, cleanliness, and prevention of epidemic disease, there shall be in such airports general supervision of hygiene, particularly in regard to

\* In view of the extensive changes in Part III, comparison of articles in the draft text with those in the final text is impracticable ; the numbers in square brackets have therefore been omitted.

- (a) the supply of pure drinking-water and clean food ;
- (b) the cleanliness of all accommodation for passengers, crew, and ground staff ;
- (c) the medical supervision of ground staff in relation to epidemic disease.

2. Every effort shall be made to keep the airport free of rodents and of insect vectors of epidemic diseases and to extend rat-proofing to all airport installations.

3. The entry to or exit from the airport of any person shall always be under the supervision of a competent authority. If an epidemic disease occurs in the surrounding area, access to the airport by any route other than the air shall be forbidden to any person who might contaminate the airport, and adequate measures shall be applied to keep the airport free from vectors of such disease.

4. If a sanitary airport is part of a yellow-fever endemic area, the following complementary provisions shall apply :

- (a) The airport shall :

- (i) be provided with mosquito-proofed dwellings and sick quarters for passengers, crews, and airport personnel ;
- (ii) be freed from mosquitos by systematically destroying them in their larval and adult stages within the perimeter of the airport and in a protective zone of four hundred metres around that perimeter.

- (b) For the purposes of this Article, the perimeter of an airport means a line enclosing the area containing the airport buildings and any land or water used or intended to be used for the parking of aircraft.

- (c) In the case of airports constructed after the coming-into-force of these Regulations, the protective zone shall be building-free.

- (d) Shelters for radio aids to navigation, control vans, and similar devices may be located within the protective zone if local circumstances make it necessary.

- (e) Access to the protective zone shall be forbidden to all unauthorized persons.

*Article 16*

Sub-paragraph (a) of paragraph 4 of Article 15 shall also apply to an airport other than a sanitary airport if it is part of a yellow-fever endemic area.

*Article 17*

1. Each health administration shall :

- (a) send to the Organization :

- (i) a list of the sanitary ports and airports in its territory, stating in respect of each of them the sanitary services and facilities which it possesses ;

- (ii) a list of the approved ports in its territory ;
- (b) notify any change which may occur from time to time in the lists under sub-paragraph (a) of this paragraph.

2. The Organization shall transmit forthwith to all health administrations the information received in accordance with paragraph 1 of this Article.

#### Article 18

Wherever the volume of international traffic is sufficiently important and whenever epidemiological conditions so require, sanitary facilities shall be provided for the application of the measures provided for in these Regulations at frontier posts, on railway lines, and roads and, where sanitary control over inland navigation is carried out at the frontier, also on inland waterways.

#### Article 19

1. Disinfection, disinsecting, deratting, and other sanitary operations shall be so carried out as :

- (a) not to cause discomfort to, nor to be injurious to the health of, passengers and crew ;

- (b) not to produce any deleterious effect on the structure of the vessel, aircraft, or vehicle or on its operating equipment ;
- (c) not to create any fire hazard.

2. In carrying out such operations on goods, baggage, and other articles, every precaution shall be taken to avoid any damage. Rags not carried as merchandise and other articles of inconsequential value may, however, be destroyed.

#### Article 20

1. A health authority, when so requested, shall issue, free of charge, to the carrier, a certificate specifying the measures applied to the vessel, aircraft, railway carriage, wagon, or road vehicle, the parts thereof treated, the methods employed, and the reasons why the measures have been applied. In the case of an aircraft this information shall instead be entered, on request, in the General Declaration.

2. Similarly, a health authority, when so requested, shall issue free of charge to any traveller a certificate specifying the date of his arrival or departure and the measures applied to him and his baggage, and to any party concerned a certificate specifying the measures applied to goods.

## PART IV — PROVISIONS APPLICABLE TO ALL EPIDEMIC DISEASES

### Chapter I — General Provisions

#### Article 21

[Art. 23]

The sanitary measures permitted by these Regulations are the maximum measures, applicable to international traffic, which a State may require for the protection of its territory against epidemic diseases. Any measure in excess of this maximum shall constitute an infringement of these Regulations.

#### Article 22

[Art. 24]

Sanitary measures and health formalities shall be initiated forthwith and completed without any avoidable delay.

#### Article 23

[Art. 27]

A person under surveillance shall not be isolated and may move about freely, provided that the health authority for any place to which he intends to proceed is notified beforehand of his coming. Any such health authority may require the person under surveillance to report to it on arrival and if necessary at specified intervals during the period of surveillance. Apart from the provision of Article 62, the health authority may also subject such a person to medical investigation and make any inquiries which are necessary for ascertaining his state of health.

#### Article 24

[Art. 28]

Except in case of grave emergency, the health authority for a port or airport shall not on account of any other communi-

cable disease withhold free pratique from a ship or aircraft which is not infected with an epidemic disease, or suspected of being so infected.

### Chapter II — Sanitary Measures on Departure

#### Article 25

[Art. 30]

1. The health authority for a port or airport or for the local area in which a frontier post is situated may, when it considers it necessary, medically examine any person before his departure on an international journey. This examination shall be so arranged as to time and place, with regard to the customs examination and other formalities, as to avoid any delay.

2. The health authority referred to in paragraph 1 of this Article shall take all practicable measures :

- (a) to prevent the departure of any infected person or suspect ;
- (b) to prevent the introduction on board a vessel, aircraft, train, or road vehicle of possible agents of infection, as well as of vectors of any epidemic disease present in the local area of departure.

3. Notwithstanding the provisions of sub-paragraph (a) of paragraph 2 of this Article, a person on an international voyage who on arrival is placed under surveillance may be allowed to continue his journey by air. The health authority of the airport shall record the fact on the General Declaration.

### Chapter III — Sanitary Measures Applicable between Ports or Airports of Departure and Arrival

#### Article 26<sup>1</sup> [Art. 31]

No human dejecta or any other matter capable of producing an epidemic or other communicable disease shall be thrown or allowed to fall from an aircraft when it is in flight.

#### Article 27 [Art. 32]

1. No sanitary measure shall be applied by a State to any ship which passes through its territorial waters without calling at a port or on the coast.

2. If for any reason such call should be made, the sanitary laws and regulations in force in the territory may be applied without exceeding, however, the provisions of these Regulations.

#### Article 28 [Art. 33]

1. No sanitary measures shall be applied to a healthy ship, as hereinafter defined, which passes through a maritime canal or waterway in the territory of a State on its way to a port in the territory of another State unless such ship comes from an infected local area or has on board any passenger coming from an infected local area.

2. The only measures which may be applied to such a ship coming from such an area or having such a passenger on board are :

- (a) medical examination of the passengers and crew ;
- (b) if necessary, the stationing on board of a sanitary guard to prevent all unauthorized contact between the ship and shore.

3. A health authority shall permit any such ship to take on, under its control, fuel and water.

4. An infected or suspected ship which passes through a maritime canal or waterway may be treated by the health authority for the maritime canal or waterway as if it were calling at a port in the same territory.

#### Article 29 [Art. 34]

Notwithstanding any provision to the contrary in these Regulations, no sanitary measure, including vaccination, shall be applied to :

- (a) passengers and crew on board a healthy ship from which they do not disembark ;
- (b) passengers and crew on healthy aircraft who are in transit through a territory and who remain in a direct

<sup>1</sup> It should be noted in this connexion that the following provision has already been adopted in 1948 by the International Civil Aviation Organization in Annex 2 to the Convention on International Civil Aviation opened for signature at Chicago on 7 December 1944 :

“2.11 — *Dropping objects*: A pilot in command of an aircraft shall not permit anything to be dropped from the aircraft in flight that might create hazard to persons or property on the ground or water.”

Consequently, therefore, Article 26 would appear to be superfluous.

transit area of an airport of that territory, or, if the airport is not yet provided with such an area, submit to the measures for segregation prescribed in order to prevent the spread of disease. If such persons are obliged to leave the airport at which they arrive solely in order to continue their journey from another airport in the vicinity, no such measure shall be applied to them if the transfer is made under the control of the health authority or authorities.

### Chapter IV — Sanitary Measures on Arrival

#### Article 30 [Art. 36]

The sanitary measures which may be applied to a vessel or aircraft shall be determined by the conditions on board which existed during the voyage or which exist at the time of the medical examination.

#### Article 31<sup>2</sup> [Art. 37]

Where measures provided in Part V depend on a vessel, aircraft, persons, or articles having arrived from an infected local area, the geographical limits of that area shall be taken into account in applying these measures, provided that the State in whose territory that area is situated is taking all measures necessary for checking the spread of the disease and is applying the measures provided for in paragraph 2 of Article 25.

#### Article 32 [Art. 36]

The health authority for a port, airport, or frontier station may subject to medical examination on arrival any vessel, aircraft, train, or road vehicle as well as any person on an international journey.

#### Article 33 [Art. 38]

On arrival of a vessel, aircraft, train, or road vehicle, an infected person on board may be removed and isolated. Such removal shall be compulsory if it is required by the person in charge of the means of transport.

#### Article 34 [Art. 39]

1. Apart from the provisions of Part V of these Regulations, a health authority may place under surveillance any suspect on an international journey arriving by whatever means in its local area from an infected local area. Such surveillance may be continued until the end of the period of incubation specified hereinafter.

<sup>2</sup> The Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine has left unchanged Article 31 (the wording of which is that suggested for Article 24, on page 16 of WHO/Epid/51 Rev. 1), as the sub-committee is not clear as to the meaning and purpose of the phrase “the measures shall have regard to the geographical limits of that area” [i.e., an infected local area]. This phrase might suggest that the basis of the application of measures on arrival is not always the local area, but something wider, and this would appear to conflict with the intent of Article 3 and the detailed provisions of Part V.

2. Apart from sub-paragraph (a) of paragraph 1 of Article 56, paragraph 3 of Article 75, sub-paragraph (a) of paragraph 1 of Article 77, and Article 79, isolation may not be substituted for surveillance unless the health authority considers the risk of transmission of the infection by the suspect to be exceptionally serious.

*Article 35* [Art. 40]

Except as provided under paragraph 2 of Article 71, sanitary measures other than medical examination applied at a port or airport shall not be repeated at any subsequent port or airport where a ship or aircraft may call, unless, after the departure of the ship or aircraft from the port or airport where the measures were applied, an incident of epidemiological significance has occurred either in that port or airport or on board the ship or aircraft, calling for a further application of any of such measures.

*Article 36* [Art. 41]

Subject to paragraph 1 of Article 71, a vessel or an aircraft may not be prevented for sanitary reasons from calling at any port or airport. If the port or airport, however, is not equipped for applying those sanitary measures which are permitted by these Regulations and which in the opinion of the health authority for the port or airport are required, such vessel or aircraft may be ordered to proceed at its own risk to the nearest convenient port or airport.

*Article 37* [Art. 42]

An aircraft shall not be considered as having come from an infected local area merely because on its way over infected territory it has landed at a sanitary airport, or airports, which are not themselves infected local areas.

*Article 38* [Art. 43]

Any person on board an aircraft which has flown over an infected local area, but has not landed there or has landed there under the conditions laid down in Article 29, shall not be considered as having arrived from such an area.

*Article 39* [Art. 44]

Except in the case of a ship or aircraft infected with yellow fever or suspected of being so infected and arriving in a yellow-fever receptive area, any ship or aircraft which calls at a port

or airport and is unwilling to submit to the measures required, in accordance with these Regulations, by the health authority for that port or airport shall be allowed to depart forthwith without calling during its voyage at another port or airport of the same territory. Such ship or aircraft, however, shall be permitted to take on fuel, water, and spare parts, provided that it remains in isolation. If, on medical examination, a ship is found to be healthy, it shall not lose the benefit of Article 28.

**Chapter V — Measures concerning the International Transport of Goods, Baggage, and Mail**

*Article 40* [Art. 46]

1. Goods shall be submitted to sanitary measures only in so far as there is reason to believe that they may have become contaminated by the infection of an epidemic disease or may serve as a vehicle for insect vectors of any such disease.

2. Apart from the measures provided for in Article 61, goods, other than live animals, in transit without transshipment by whatever means of transport shall not be detained at any port, airport, or frontier.

*Article 41* [Art. 47]

Except in the case of an infected or suspected person, baggage may be disinfected or disinfected only in the case of a person carrying infective material or insect vectors of an epidemic disease.

*Article 42* [Art. 48]

1. Mail, newspapers, books, and other printed matter shall not be subject to any sanitary measure.

2. Postal parcels may be subject to sanitary measures only if they contain :

(a) any of the foods referred to in paragraph 1 of Article 61 which the health authority has reason to believe comes from a cholera-infected area, or

(b) linen, wearing apparel, or bedding which has been used or soiled and to which the provisions of Part V of these Regulations are applicable.

3. Until the Organization has adopted regulations with regard to the international transport of infectious laboratory material, such transport remains subject to the laws and regulations in force in each territory.

**PART V — SPECIAL PROVISIONS AS TO EACH OF THE EPIDEMIC DISEASES**

**Chapter I — Plague**

*Article 43* [Art. 49]

For the purposes of these Regulations the incubation period of plague is six days.

*Article 44* [Art. 50]

Vaccination against plague shall not be required as a condition of admission of any person to a territory.

*Article 45* [Art. 51]

Each State shall employ all means in its power to diminish the danger from the spread of plague by rodents. Its health administration shall keep itself constantly informed by systematic collection and regular examination of rodents and their ectoparasites of the conditions in any local area, especially any port, infected or suspected of being infected by rodent plague.

*Article 46<sup>3</sup>*

[Art. 52]

1. Every vessel shall be either,
  - (a) periodically deratted ; or
  - (b) permanently kept in such a condition that the number of rats on board is negligible.

In the former case, there shall be delivered for the vessel a Deratting Certificate, and in the latter a Deratting Exemption Certificate.

2. A Deratting Certificate or a Deratting Exemption Certificate shall be issued only by the health authority of an approved port. Every such certificate shall be valid for six months, but this period may be extended by one month for a ship proceeding to an approved port if the deratting or inspection, as the case may be, would be facilitated by the operations due to take place there.

3. Deratting Certificates and Deratting Exemption Certificates shall conform with the model specified in Appendix 1 to these Regulations.

4. If a valid certificate is not produced, the health authority at an approved port, after inquiry and inspection, may proceed in the following manner :

(a) it may derat the vessel or cause the deratting to be done under its direction and control. It shall decide in each case the technique which should be employed to secure the extermination of rats on the vessel. Deratting shall be carried out so as to avoid as far as possible damage to the vessel and to any cargo and shall not take longer than twenty-four hours. Wherever possible it shall be done when the holds are empty. In the case of a vessel in ballast, it shall be done before loading. When deratting has been satisfactorily completed, the health authority shall issue a Deratting Certificate ;

(b) or it may issue a Deratting Exemption Certificate if it is satisfied that the number of rats on board is negligible. Such a certificate shall be issued only if the inspection of the vessel has been carried out when the holds are empty or when they contain only ballast or other material, unattractive to rats, of such a nature or so disposed as to make a thorough inspection of the holds possible. A Deratting Exemption Certificate may be issued for an oil-tanker with full holds.

5. Should deratting have been effected under conditions which, in the opinion of the health authority for the port where the operation was performed, are not suitable for obtaining a satisfactory result, a note explaining the circumstances and stating the need for a renewed deratting as soon as practicable shall be made on the Deratting Certificate.

<sup>3</sup> The Legal Sub-Committee has been advised as follows :

It is important that, in the interest of shipping, there should be as many ports as possible approved for the issue of Deratting Certificates. It is questionable whether it is necessary to approve ports for the issue of Exemption Certificates.

The inspection of a ship, even of large tonnage, can be rapidly completed by one well-trained sanitary inspector and the only equipment he requires is a hand torch. There is no reason, therefore, why an inspector from a large port should not visit a ship in a small port to inspect the ship when the certificate has expired and if the ship is free from rats issue a Deratting Exemption Certificate.

*Article 47*

[Art. 53]

In exceptional circumstances, when the presence of rodents is suspected on board, an aircraft may be deratted.

*Article 48*

[Art. 54]

Before departure on an international journey from a local area where there is an epidemic of pulmonary plague, suspects shall be placed in isolation for a period of five days reckoned from the date of the last exposure to infection.

*Article 49*

[Art. 55]

1. A vessel or an aircraft shall be regarded as infected if :
  - (a) it has a case of human plague on board ; or
  - (b) a plague-infected rodent is found on board.

A vessel shall also be regarded as infected if a case of human plague has occurred more than six days after embarkation.

2. A vessel shall be regarded as suspected if a case of human plague has occurred within the first six days after embarkation or if there is evidence of an abnormal mortality among rodents on board of which the cause is not known.

An aircraft shall be regarded as suspected if a case of human plague has occurred on board during the voyage, but has previously been disembarked.

3. Even when coming from an infected local area or having on board a person coming from an infected local area, a vessel or an aircraft shall be regarded as healthy if, on medical examination, the health authority is satisfied that :

- (a) there has been no human plague or rodent plague on board since the departure from that area, and
- (b) in the case of a vessel, there is no evidence of an abnormal mortality among rodents on board.

*Article 50*

[Art. 56]

1. On arrival of an infected or suspected vessel or aircraft, the following measures may be applied by the health authority :

- (a) disinsecting of suspects and their surveillance for a period of not more than six days reckoned from the date of arrival ;
- (b) disinsecting and, if necessary, disinfection of any baggage of any infected person or suspect, as well as of any other article, such as bedding which has been used and soiled linen, and of any part of the vessel or aircraft, which may be contaminated.

2. If there is rodent plague on board a vessel it shall be deratted, if necessary in quarantine. Deratting operations shall be effected in accordance with Article 46, subject to the following provisions :

- (a) the deratting operations shall be effected as soon as the holds have been emptied ;
- (b) one or more preliminary derattings of a vessel with the cargo in situ or during its unloading may be ordered to prevent the escape of infected rodents ;
- (c) if the complete destruction of rodents cannot be secured because only part of the cargo is due to be unloaded, a vessel shall not be prevented from unloading that part, but the health authority may apply any measures, including placing

the vessel in quarantine, which it considers necessary to prevent the escape of infected rodents.

3. If there is rodent plague on board an aircraft it shall be deratted, if necessary in isolation.

4. The vessel or aircraft shall cease to be regarded as infected or suspected when the measures ordered by the health authority in accordance with this Article have been carried out and shall thereupon be given free pratique.

*Article 51* [Art. 58]

On arrival, a healthy vessel or aircraft shall be given free pratique but, if it comes from an infected local area, the health authority may :

(a) place any suspect under surveillance for a period of not more than six days reckoned from the date on which the vessel or aircraft left the infected local area ;

(b) in exceptional cases and for reasons communicated in writing to the master or pilot in command, derat the whole or part of the vessel or aircraft.

*Article 52* [Art. 59]

If, on arrival of a train or a road vehicle, a case of human plague is discovered, the measures provided for in paragraph 1 of Article 50 may be applied by the health authority, the measures of disinsecting and, if necessary, disinfection being applied to any part of the train or road vehicle which may be contaminated.

## Chapter II — Cholera

*Article 53* [Art. 60]

For the purposes of these Regulations the incubation period of cholera is five days.

*Article 54*<sup>4</sup> [Art. 61]

1. The possession of a valid anticholera vaccination certificate shall be taken into consideration by health authorities in applying the measures provided for in these Regulations.

2. Until the Organization has adopted regulations concerning standards for anticholera vaccines the standards in force in the countries where the vaccine is administered shall be accepted.

3. The health authority of a local area which is not infected may require any person who arrives there on an international journey from an infected local area and who is unable to produce a valid certificate of vaccination against cholera to be so vaccinated or to be placed under surveillance for a period not exceeding five days from the date of departure from the infected local area.

<sup>4</sup> The Legal Sub-Committee has been advised as follows :

As this Article is at present worded the traveller has the option between vaccination or surveillance. It is important to give the authorities of arrival the power to submit potential cases of cholera to surveillance whether in possession or not of a valid certificate.

4. Subject to sub-paragraph (a) of paragraph 1 of Article 56, the health authority of an infected local area shall not require a person arriving there on an international journey to produce a certificate of vaccination against cholera.

*Article 55* [Art. 62]

1. A vessel shall be regarded as infected if it has a case of cholera on board or if a case of cholera has occurred on board during a period of five days before arrival.

2. A vessel shall be regarded as suspected if a case of cholera has occurred on board during the voyage, but a fresh case has not occurred during a period of five days before arrival.

3. An aircraft shall be regarded as infected if it has a case of cholera on board. It shall be regarded as suspected if a case of cholera has occurred on board during the voyage but has previously been disembarked.

4. Even when coming from an infected local area or having on board a person coming from an infected local area, a vessel or an aircraft shall be regarded as healthy if, on medical examination, the health authority is satisfied that no case of cholera has occurred on board during the voyage.

*Article 56* [Art. 63]

1. On arrival of an infected vessel or aircraft, the following measures may be applied by the health authority :

(a) for a period of not more than five days, reckoned from the date of arrival, surveillance of any passenger or member of the crew who produces a valid certificate of vaccination against cholera, and isolation of all others ;

(b) disinfection of any baggage of any infected person or suspect, as well as of any other article, such as bedding which has been used or soiled linen, and of any part of the vessel or aircraft, which may be contaminated ;

(c) disinfection and removal of any water carried on board that may be contaminated and disinfection of the containers, which shall then be refilled with wholesome water.

2. Human dejecta, waste water including bilge-water, waste matter, and any other contaminated substance shall not be discharged or unloaded without previous disinfection. Their safe disposal shall be the responsibility of the health authority.

*Article 57* [Art. 64]

1. The measures provided under sub-paragraphs (b) and (c) of paragraph 1 and under paragraph 2 of Article 56 may be applied to a suspected vessel or aircraft.

2. In addition, any passenger or member of the crew may be placed under surveillance for a period of not more than five days reckoned from the date of arrival.

*Article 58* [Art. 65]

The vessel or aircraft shall cease to be regarded as infected or suspected when the measures required by the health authority in accordance with Articles 56 and 57 respectively have been carried out and shall thereupon be given free pratique.

*Article 59* [Art. 66]

On arrival, a healthy vessel or aircraft shall be given free pratique but, if it comes from an infected local area, the health

authority may place the passengers and crew under surveillance for a period of not more than five days reckoned from the date on which the vessel or aircraft left that area.

*Article 60* [Art. 67]

If, on arrival of a train or a road vehicle, a case of cholera is discovered, the following measures may be applied by the health authority :

- (a) surveillance of any suspect for a period of not more than five days reckoned from the date of his arrival ;
- (b) disinfection of any baggage of the infected person and, if necessary, of any suspect, as well as of any other article, such as bedding which has been used or soiled linen, and of any part of the carriage or other vehicle, which may be contaminated.

*Article 61* [Art. 68]

1. On arrival of an infected or suspected vessel or aircraft, of a train or a road vehicle on which a case of cholera has been discovered, or of a vessel, aircraft, train, or road vehicle coming from an infected local area, the health authority may prohibit the unloading of, or may remove, any of the following fresh or refrigerated foods which can be eaten uncooked, namely, fish, shellfish, fruit, and vegetables, which it has reason to believe to be contaminated. If such food is removed, arrangements shall be made for its safe disposal.
2. If such food forms part of the cargo, only the health authority of the place of importation may exercise the power to remove it.
3. The pilot in command of an aircraft may always require the removal of such food.

*Article 62<sup>5</sup>* [Art. 69]

Persons without symptoms of cholera arriving on an international journey from a cholera-infected area shall not be required to submit to stool examination or rectal swabbing.

### Chapter III — Yellow Fever

*Article 63* [Art. 70]

Each yellow-fever endemic and receptive area shall be delineated by the Organization in consultation with each of the States concerned, and may be altered similarly from time to time. These delineations shall be notified by the Organization to all health administrations.

<sup>5</sup> The Legal Sub-Committee has been advised :

1. that a stool examination for cholera is an essential element in the diagnosis of the disease and it seems difficult, therefore, to prevent a health authority from resorting to it, when they suspect a person is infected.
2. on the other hand the Expert Committee on International Epidemiology and Quarantine agreed that any measures such as injections to which certain persons may strongly object should not be made compulsory. Rectal swabbing is clearly a measure to which the same consideration should apply.

*Article 64* [Art. 71]

For the purpose of these Regulations the incubation period of yellow fever is six days.

*Article 65* [Art. 72]

1. Vaccination against yellow fever shall be required of any person leaving an infected local area on an international journey and proceeding to a receptive area.
2. Should such a person be in possession of a certificate of vaccination which is not yet valid, he may nevertheless be permitted to depart, but the provisions of paragraph 1 of Article 67 may be applied to him on arrival.
3. A person in possession of a valid certificate of vaccination against yellow fever shall not be treated as a suspect, even if he comes from an infected local area.

*Article 66* [Art. 73]

1. Every person employed at an airport situated in an infected local area and every member of the crew of an aircraft using any such airport shall be in possession of a valid certificate of vaccination against yellow fever.
2. Every aircraft leaving an airport situated in an infected local area and bound for a receptive area shall be disinfected before departure. This measure shall be taken in sufficient time to avoid delaying the departure of the aircraft. The States concerned may agree that the accessible portions of the aircraft shall be disinfected during flight.
3. Every aircraft leaving a local area where *Aedes aegypti* exists and bound for a receptive area already freed from *Aedes aegypti* shall similarly be disinfected.

*Article 67* [Art. 74]

1. The health authority for any receptive area may require a person on an international journey who arrives there from an infected local area and is unable to produce a valid certificate of vaccination against yellow fever to be isolated until his certificate becomes valid or until a period of six days reckoned from the date of last possible exposure to infection has elapsed, whichever occurs first.
2. The health authority for an infected local area shall not require any person arriving there on an international journey to produce a valid certificate of vaccination against yellow fever on arrival, even if he has come from another infected local area.

*Article 68* [Art. 76]

1. A vessel shall be regarded as infected if it has a case of yellow fever on board or if a case has occurred on board during the voyage. It shall be regarded as suspected if a period of six days has not elapsed reckoned from the date of its departure from an infected local area. Any other vessel shall be regarded as healthy.
2. An aircraft shall be regarded as infected if it has a case of yellow fever on board. It shall be regarded as suspected if the health authority is not satisfied with a disinsecting carried out under the terms of paragraph 2 of Article 66. Any other aircraft shall be regarded as healthy.

## Article 69

[Art. 77]

1. On arrival of an infected or suspected vessel or aircraft, the following measures may be applied by the health authority :

(a) in a receptive area the measures provided for in paragraph 1 of Article 67 to any passenger or member of the crew who disembarks and is not in possession of a valid certificate of vaccination against yellow fever ;

(b) inspection of the vessel and destruction of *Aedes aegypti*, if any, on board. In a receptive area, the vessel may, until such measures have been carried out, also be required to keep at least four hundred metres from land.

2. The vessel or aircraft shall cease to be regarded as infected or suspected when the measures ordered by the health authority in accordance with paragraph 1 of this Article have been carried out and shall thereupon be given free pratique.

## Article 70

[Art. 78]

On arrival of a healthy vessel or aircraft coming from an infected local area, the measures provided for in sub-paragraph (b) of paragraph 1 of Article 69 may be applied. The vessel or aircraft shall thereupon be given free pratique.

## Article 71

[Art. 79]

1. A State shall not prohibit the landing at its sanitary airports of any aircraft as long as the measures provided for in paragraph 2 of Article 66 are duly applied. In a receptive area, however, the State may designate a specified airport or airports as the only ones where aircraft coming from an infected local area may land.

2. In the case of an aircraft disinfected in accordance with the terms of paragraphs 2 and 3 of Article 66, a further disinfecting on arrival shall not be required unless there are special reasons for suspecting the presence on board of *Aedes aegypti*.

## Article 72

[Art. 80]

On arrival of a train or a road vehicle in a receptive area, the following measures may be applied by the health authority :

(a) isolation, as provided for in paragraph 1 of Article 67, of any person coming from an infected local area who is unable to produce a valid certificate of vaccination against yellow fever ;

(b) disinfecting of the train or vehicle if coming from an infected local area.

## Article 73

[Art. 81]

In a receptive area the isolation provided for in Article 33 and in this Chapter shall be in mosquito-proof accommodation.

## Chapter IV — Smallpox

## Article 74

[Art. 82]

For the purposes of these Regulations the incubation period of smallpox is fourteen days.

Article 75<sup>6</sup>

[Art. 83]

1. A person on an international journey who arrives from a local area which is not an infected local area shall not be required on arrival to produce a certificate of vaccination against smallpox.

2. A person on such a journey who has left an infected local area within the previous fourteen days and who in the opinion of the health authority is not sufficiently protected by vaccination or by a previous attack of smallpox may be required on arrival to submit to vaccination against smallpox, or surveillance.

3. A person refusing vaccination may be isolated.

4. The period of isolation or surveillance shall not exceed fourteen days reckoned from the date of departure of the person from the infected local area.

## Article 76

[Art. 84]

A vessel or an aircraft shall be regarded as infected if it has a case of smallpox on board or if a case has occurred on board during the voyage. Any other vessel or aircraft shall be regarded as healthy.

## Article 77

[Art. 85]

1. On arrival of an infected vessel or aircraft, the following measures may be applied by the health authority :

(a) vaccination, or surveillance, or isolation, or vaccination and surveillance, or vaccination and isolation, of any passenger or member of the crew who is a suspect and who, in the opinion of the health authority, is not sufficiently protected by vaccination or by a previous attack of smallpox, the period of surveillance or isolation being not more than fourteen days reckoned from the date of the disembarkation of the suspect ;

(b) disinfection of any baggage of any infected person or suspect as well as of any other article, such as bedding which has been used and soiled linen, and of any part of the vessel or aircraft, which may be contaminated.

2. A vessel or an aircraft shall cease to be regarded as infected when the measures ordered by the health authority in accordance with paragraph 1 of this Article have been carried out and shall thereupon be given free pratique.

## Article 78

[Art. 86]

On arrival, a healthy vessel or aircraft, even when coming from an infected local area, shall be given free pratique.

## Article 79

[Art. 87]

If, on arrival of a train or a road vehicle, a case of smallpox is discovered, the measures provided in Article 77 may be applied by the health authority, the period of surveillance or isolation, if any, of suspects being reckoned from the date of

<sup>6</sup> The Legal Sub-Committee has been advised as follows :

It is important that a person arriving from an infected local area should not be forced to submit to vaccination. On the other hand, it is equally important that the health authority should have the power to place the person under surveillance even if the person has accepted vaccination.

Further, a health authority may in certain circumstances require isolation until the result of the vaccination is known.



arrival of the train or road vehicle and measures of disinfection, of any, being applied to any part of a train or road vehicle which may be contaminated.

### Chapter V — Typhus

#### *Article 80* [Art. 88]

For the purposes of these Regulations the incubation period of typhus is fourteen days.

#### *Article 81* [Art. 89]

Vaccination against typhus shall not be required as a condition of admission of any person to a territory.

#### *Article 82* [Art. 90]

1. On departure from an infected local area any person on an international journey whom the health authority considers liable to transmit typhus shall be disinfected as well as the clothes he is wearing and his baggage.

2. A person on such a journey who has left an infected local area within the previous fourteen days may, if the health authority considers it necessary, be disinfected and put under surveillance for a period of not more than fourteen days reckoned from the date of disinfecting.

#### *Article 83*

A vessel or aircraft shall be regarded as infected if it has a case of typhus on board or if a case has occurred on board during the voyage. Any other vessel or aircraft shall be regarded as healthy.

#### *Article 84*

1. On arrival of an infected vessel or aircraft, the following measures may be applied by the health authority :

- (a) disinfecting and surveillance, for a period of not more than fourteen days reckoned from the date of disinfecting,

of any passenger or member of the crew who is a suspect, including any person harbouring lice ;

(b) disinfecting and, if necessary, disinfection of any baggage of infected persons or suspects, as well as of any other article, such as bedding which has been used and soiled linen, and of any part of the vessel or aircraft, which may be contaminated.

2. The vessel or aircraft shall cease to be regarded as infected when the measures ordered by the health authority in accordance with paragraph 1 of this Article have been carried out and shall thereupon be given free pratique.

#### *Article 85* [Art. 91]

On arrival, a healthy vessel or aircraft, even when coming from an infected local area, shall be given free pratique.

#### *Article 86* [Art. 92]

If, on arrival of a train or a road vehicle, a case of typhus is discovered, the measures provided in paragraph 1 of Article 84 may be applied by the health authority, measures of disinfecting and, if necessary, disinfection, being applied to any part of a train or road vehicle which may be contaminated.

### Chapter VI — Relapsing Fever

#### *Article 87* [Art. 93]

For the purposes of these Regulations the incubation period of relapsing fever is eight days.

#### *Article 88* [Art. 94]

The measures provided for in Articles 81 to 86 inclusive with respect to typhus shall apply to relapsing fever but, if a person is placed under surveillance, the period of such surveillance shall not exceed eight days reckoned from the date of disinfecting.

## PART VI — SANITARY DOCUMENTS

#### *Article 89* [Art. 95]

Bills of health, with or without consular visa, or any certificate, however designated, concerning health conditions of a port or airport shall not be required from any vessel or aircraft.

#### *Article 90* [Art. 96]

1. The master of a ship shall, before arriving at the first port of a territory, ascertain the state of health of all persons on board and shall, on arrival, sign and deliver to the health authority for that port a Maritime Declaration of Health which shall be countersigned by the ship's surgeon, if one is carried.

2. The master, and the ship's surgeon, if one is carried, shall supply any information required by the health authority as to health conditions on board during the voyage.

3. A Maritime Declaration of Health shall conform with the model specified in Appendix 5 to these Regulations.

#### *Article 91* [Art. 97]

1. The pilot in command of an aircraft shall, on landing at an airport, sign and deliver to the health authority for that airport a copy of that part of the Aircraft General Declaration which contains the health information specified in Appendix 6.

2. The pilot in command of an aircraft shall supply any information required by the health authority as to health conditions on board during the voyage.

#### *Article 92* [Art. 98]

The certificates specified in Appendices 1, 2, 3 and 4 to these Regulations shall be printed in English and in French. An official language of the territory of issue may be added.

#### *Article 93* [Art. 100]

No sanitary document, other than those provided for in these Regulations, may be required in international traffic.

## PART VII — SANITARY CHARGES

*Article 94*

[Art. 101]

1. No charge shall be made by a health authority for :
  - (a) any medical examination provided for in these Regulations, and any supplementary examination, bacteriological or otherwise, which may be required to ascertain the state of health of the person examined ;
  - (b) any vaccination of a person on arrival and any certificate thereof.
2. Where charges are made for applying the measures provided for in these Regulations, other than those referred to in paragraph 1 of this Article, there shall be in each territory only one tariff for such charges and every charge shall :

(a) conform with this tariff ;

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

(c) be levied without distinction as to the nationality, domicile, or residence of the person concerned, or as to the nationality, flag, registry, or ownership of the vessel, aircraft, carriage, wagon, or road vehicle. In particular, there shall be no distinction made between national and foreign persons, vessels, aircraft, carriages, wagons, and road vehicles.

3. The tariff and any amendment thereto shall be published ten days in advance of any levy thereunder and communicated forthwith to the Organization.

## PART VIII — VARIOUS PROVISIONS

*Article 95*

Any State to the territory or territories of which these Regulations apply shall not, in carrying out the provisions hereof, discriminate against any other such State.

*Article 96*

[Art. 102]

In addition to these Regulations, Annexes A and B hereto shall apply to the Pilgrimage.

*Article 97*

[Art. 103]

1. Migrants or seasonal workers, and the vessels, aircraft, trains, or road vehicles carrying them, may be subjected to additional sanitary measures in conformity with the laws and regulations of each State concerned, and with agreements concluded between any such States.
2. Each State shall notify the Organization of any measures so provided.

*Article 98*

[Art. 104]

1. Special arrangements may be concluded between two or more States having certain interests in common owing to their

geographical, social, or economic conditions, in order to make the sanitary measures provided for in these Regulations more efficacious and less burdensome, in particular on :

(a) the direct and rapid exchange of epidemiological information between neighbouring territories ;

(b) the sanitary measures to be applied to international coastal traffic and to international traffic on inland waterways, including lakes ;

(c) the sanitary measures to be applied in contiguous territories at their common frontier ; or the combination of two or more territories into one territory for the purposes of any of the sanitary measures to be applied in accordance with these Regulations ;

(d) arrangements for carrying infected persons, by means of transport specially adapted for the purpose.

2. The arrangements referred to in paragraph 1 of this Article shall not be in conflict with the provisions of these Regulations.

3. States shall inform the Organization of any such arrangements which they may conclude.

## PART IX — FINAL PROVISIONS

*Article 99*

[Art. 105]

Upon their entry-into-force, these Regulations shall, subject to the provisions of Article 101 and the exceptions hereinafter provided, replace, as between the States bound by these Regulations and as between these States and the Organization, the provisions of the following International Sanitary Conventions and similar Agreements :

1. International Sanitary Convention, signed in Paris, 3 December 1903 ;
2. Pan American Sanitary Convention, signed in Washington, 14 October 1905 ;
3. International Sanitary Convention, signed in Paris, 17 January 1912 ;
4. Pan American Sanitary Code, signed at Habana, 14 November 1924, except Articles... ;<sup>7</sup>

5. International Sanitary Convention, signed in Paris, 21 June 1926 ;

6. International Sanitary Convention for Aerial Navigation, signed at The Hague, 12 April 1933 ;

7. International Agreement for dispensing with Bills of Health, signed in Paris, 22 December 1934 ;

8. International Agreement for dispensing with Consular Visas on Bills of Health, signed in Paris, 22 December 1934 ;

Article 99, so that its provisions, in so far as they are unaffected by the Regulations, should be maintained pending their revision. It is the understanding of the sub-committee that this revision will be undertaken as soon as the new international Regulations have been adopted.

"It would appear that the segregation of the elements of that Code which are to be replaced by the Regulations from those that are maintained is a task which could be more usefully performed by the parties concerned. The expert committee might propose to the Regional Office of WHO in the Americas (Pan American Sanitary Bureau) that they initiate this task."

<sup>7</sup> Attention is drawn to the following paragraphs of the Third Report of the Legal Sub-Committee (WHO/Epid/39, pages 6 and 7) :

"It would seem advisable as regards the Pan American Sanitary Code to qualify the replacement provided for in

9. Convention modifying the International Sanitary Convention of 21 June 1926, signed in Paris, 31 October 1938 ;
10. International Sanitary Convention, 1944, modifying the International Sanitary Convention of 21 June 1926, opened for signature in Washington, 15 December 1944;
11. International Sanitary Convention for Aerial Navigation, 1944, modifying the International Sanitary Convention of 12 April 1933, opened for signature in Washington, 15 December 1944, except paragraph 2 of Article XVII ;
12. Protocol of 23 April 1946 to prolong the International Sanitary Convention, 1944, signed in Washington ;
13. Protocol of 23 April 1946 to prolong the International Sanitary Convention for Aerial Navigation, 1944, signed in Washington.

*Article 100* [Art. 106]

1. The period provided under Article 22 of the Constitution of the Organization for rejection or reservation shall be nine months from the notification by the Director-General of the Organization of the adoption of these Regulations by the World Health Assembly.
2. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect.

*Article 101*<sup>8</sup> [Art. 107]

1. If a reservation made by a State is found, on examination by the World Health Assembly, to detract from any obligation or obligations, corresponding to the subject matter of such reservation, which such State has accepted under the existing Conventions and Agreements listed in Article 99, and if such a reservation is not then withdrawn, that State shall continue to be bound by the corresponding obligation or obligations previously accepted by it. Nevertheless, the World Health Assembly may determine that any such reservation does not constitute an obstacle to the replacement referred to in Article 99 of any or all of the provisions of the aforesaid Conventions and Agreements.

<sup>8</sup> The Legal Sub-Committee considered the possibility of making the provisions of Article 104 (3) of these Regulations applicable to States which are Members of the Organization, as well as to States which are not. It was, however, considered that Article 22 of the Constitution (which is not altogether clear as to the effect of reservations to Regulations adopted by the World Health Assembly) might be so interpreted as to prevent a provision on the lines of Article 104 (3) being applicable to Member States.

Article 101 is, therefore, limited to giving the World Health Assembly the power to decide which, if any, of the reservations made by States detract from obligations already accepted by them under existing Conventions and Agreements, and to providing that if States do not withdraw reservations of that kind they shall continue to be bound (so far as the subject matter of the reservation is concerned) by their previous obligations.

The Legal Sub-Committee is, however, of the opinion that it would be most desirable for a legal memorandum to be prepared and submitted to the World Health Assembly in which the whole question of reservations to international regulations would be dealt with and in which the authoritative opinion could be given on the interpretation of Article 22 of the Constitution, including the possibility of reservations to Regulations adopted by the World Health Assembly amounting to a rejection of such Regulations.

2. In particular, the following provisions :

Article 3 of the International Sanitary Convention, 1926 ;

Article 20 of the International Sanitary Convention for Aerial Navigation, 1933 ;

Article V of the International Sanitary Convention, 1944 ; and

Article VII of the International Sanitary Convention for Aerial Navigation, 1944,

shall be excepted from Article 99 unless a State bound by any of these provisions accepts without reservations paragraph 2 of Article 2 of these Regulations.

*Article 102* [Art. 108]

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

\*

(See footnote 9 below)

\*

*Article 103* [Art. 109]

1. These Regulations shall come into force on ..... [e.g., fifteen months from the date of the adoption of the Regulations by the World Health Assembly].
2. After the date provided for in paragraph 1 of this Article, these Regulations shall come into force for any State which becomes a Member of the Organization and is not already a party to these Regulations, on the expiry of the period provided for in paragraph 1 of Article 100, unless such a State has made a reservation or reservations, in which case these Regulations shall come into force three months after the World Health Assembly has concluded its examination of such reservations, in accordance with the provision of paragraph 1 of Article 101.

*Article 104* [Art. 110]

1. Any State which is not a member of the Organization but which is a party to any of the Conventions or Agreements listed in Article 99, or to which the Director-General has notified the adoption of these Regulations by the World Health Assembly, may become a party hereto by notifying its acceptance to the Director-General and, subject to the provisions of paragraph 3 of this Article, such acceptance shall

<sup>9</sup> Attention is drawn to the following passage of the first report of the Legal Sub-Committee (document WHO/Epid/33, page 4) :

“The sub-committee recognized that the insertion or omission of a special clause concerning non-metropolitan territories was a matter that should be considered by the World Health Assembly.

In the opinion of the majority of the members of the sub-committee it would be more in consonance with the Constitution to insert no special clause of this kind in the Regulations adopted by the Assembly, since States wishing to exclude the application of the Regulations to certain territories could avail themselves of the right to make reservations under Article 22 of the Constitution.

Should, however, the Assembly be of a different opinion, the sub-committee would recommend the following provision :

Each State to which these Regulations apply shall bring them to the notice of the Governments of the territories for whose international relations it is responsible, and may at any time notify the Director-General of the Organization that the Regulations shall extend to any or all of such territories with or without reservations.”

become effective upon the date of coming-into-force of these Regulations or after that date upon the date of receipt of such notification by the Director-General.

2. Any non-Member State which becomes a party to these Regulations shall, for the purpose of the application of these Regulations, be bound by Articles 23, 33, 62, 63 and 64 of the Constitution of the Organization.

3. If a non-Member State makes a reservation to these Regulations, such reservation shall not be valid unless it is made at the same time as the notification of acceptance and unless it is accepted by the World Health Assembly, and such a State shall not become a party to these Regulations until such reservation has been so accepted or has been withdrawn.

4. Any non-Member State 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 of the Organization which shall take effect six months after the receipt of such notification. The State which has withdrawn shall, as from that date, continue to be bound by the provisions of any of the Conventions or Agreements listed in Article 99 to which it was previously a party.

#### Article 105

[Art. 111]

The Director-General of the Organization shall notify all Members and Associate Members and also the parties to any of the Conventions and Agreements listed in Article 99 of the adoption by the World Health Assembly of these Regulations. These States as well as any other State which has become a party to these Regulations shall similarly be notified of any additional Regulations amending or supplementing these Regulations, of any rejection, reservation, or withdrawal of rejection, or reservation made under Articles 100 and 102 respectively, as well as of any acceptance or withdrawal made under Article 104.

#### Article 106

By virtue of Article 29 of the Constitution of the Organization, the Executive Board may define recommended practices, methods and procedures such as disinsecting, disinfecting, and deratting, standards for vaccines and the like, the adoption of which by national health administrations would facilitate the discharge of their obligations under these Regulations.

#### Article 107<sup>10</sup>

[Art. 112]

1. Any question or dispute concerning the interpretation or application of these Regulations or of any Regulations supplementary to these Regulations may be referred by any State concerned to the Director-General who shall attempt to settle the question or dispute. If such question or dispute is not thus settled, the Director-General shall, or any State concerned may, submit the question or dispute to...

2. Any State concerned shall be entitled to be represented before...

3. Any such dispute which has not been settled as a result of the submission to... may, by written application, be referred by any State concerned to the International Court of Justice for decision.

#### Article 108

[Art. 113]

The original texts of these Regulations shall be deposited in the Archives of the Organization. Certified true copies shall be delivered by the Director-General of the Organization to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations. The Director-General shall similarly notify the Secretary-General of any rejections or reservations or withdrawal of such rejections or reservations.

IN FAITH WHEREOF, we have set our hands this... day of... 19..

The President of the World Health Assembly .....

The Director-General of the World Health Organization ...

<sup>10</sup> The Legal Sub-Committee appreciates that the question of what body within the World Health Organization shall deal with questions or disputes concerning the interpretation or application of the Regulations is one that can be decided only by the Special Committee of the World Health Assembly which is to meet in April 1951. In preparing a draft of Article 107 for consideration by the Special Committee it has accordingly left unidentified the body to which disputes concerning the interpretation or application of the Regulations which cannot be settled by the Director-General will be submitted. The Legal Sub-Committee, however, is of the opinion that this body should not be the World Health Assembly itself, since it does not seem fitting that the body which will exercise a legislative function in adopting these Regulations should be called upon to assume judicial functions in respect to them.

### PART X — TRANSITIONAL PROVISIONS

#### Article 109

[Art. 114]

1. Notwithstanding the provisions of paragraph 1 of Article 100 and paragraph 1 of Article 103, the provision of paragraph 2 of this Article shall come into force on ... [e.g., three months from the date of the adoption of these Regulations by the World Health Assembly] and the period provided for rejection or reservation shall be one month from the date of notification by the Director-General of the Organization of the adoption of these Regulations by the World Health Assembly. The application of this Article, however, shall be limited to States which have made no reservations either to this Article or to Appendix 2, 3, or 4 as the case may be.

2. Notwithstanding any provision to the contrary of any of the existing Conventions and Agreements, a certificate of vaccination conforming with the rules and the model laid down in one of the Appendices 2, 3, and 4 shall be accepted as equivalent to the corresponding certificates provided for in the existing Conventions and Agreements.

#### Article 110

[Art. 115]

1. A certificate of vaccination issued in accordance with the Convention of 21 June 1926, as amended by the Convention of 15 December 1944, or in accordance with the Convention of 12 April 1933, as amended by the Convention of 15 December 1944, before the entry-into-force of these Regulations shall continue to be valid for the period for which it was previously valid. Moreover, the validity of a certificate of vaccination against yellow fever shall be extended for two years after the date on which it would otherwise have ceased to be valid.

2. A Deratization Certificate or a Deratization Exemption Certificate issued in accordance with Article 28 of the Convention of 21 June 1926, before the entry-into-force of these Regulations, shall continue to be valid for the period for which it was previously valid.

**DERATTING CERTIFICATE (a) — CERTIFICAT DE DÉRATISATION (a)**  
**DERATTING EXEMPTION CERTIFICATE (a) — CERTIFICAT D'EXEMPTION DE DÉRATISATION (a)**

given under Article 46 of the International Sanitary Regulations — délivré conformément à l'article 46 du Règlement Sanitaire International  
 (Not to be taken away by Port Authorities.) — (Ne devant pas être retiré par les autorités du port.)

**PORT OF** ..... — **PORT DE** .....

**Date** — **Date** .....

THIS CERTIFICATE records the inspection and { deratting exemption } (a) at this port and on the above date

LE PRÉSENT CERTIFICAT atteste l'inspection et { la dératisation l'exemption } (a) en ce port et à la date ci-dessus

of the { ship inland navigation vessel } (a)  
 du { navire bateau } (a)

of

de

{ net tonnage (for a ship) } (a) (f)  
 { ..... tonnage (for an inland navigation vessel) }  
 { tonnage net (dans le cas d'un navire) } (a) (f)  
 { tonnage ..... (dans le cas d'un bateau) }

in accordance with the Sanitary Laws and Regulations of — conformément aux Lois et Règlements sanitaires de .....

At the time of { inspection deratting } (a) the holds were laden with ..... tons of ..... cargo  
 Au moment de { l'inspection la dératisation } (a) les cales étaient chargées de ..... tonnes de ..... cargaison

COMPARTMENTS (b)	RAT INDICATIONS  TRACES DE RATS  (c)	RAT HARBOURAGE REFUGES A RATS		DERATTING — DÉRATISATION						COMPARTIMENTS (b)
		discovered  trouvés  (d)	treated  supprimés	by fumigation — par fumigation Fumigant — Gaz utilisé ..... Hours exposure — Exposition (heures)...			by catching, trapping, or poisoning par capture ou poison			
				Space (cubic feet) Espaces (mètres cubes)	Quantity used Quantités employées (e)	Rats found dead Rats trouvés morts	Traps set or poisons put out Pièges ou poisons mis	Rats caught or killed Rats pris ou tués		
Holds 1. — 2. — 3. — 4. — 5. — 6. — 7. Shelter deck space . . . . . Bunker space . . . . . Engineroom and shaft alley . . . . . Forepeak and storeroom . . . . . Afterpeak and storeroom . . . . . Lifeboats . . . . . Charts and wireless rooms . . . . . Galley . . . . . Pantry . . . . . Provision storerooms . . . . . Quarters (crew) . . . . . Quarters (officers) . . . . . Quarters (cabin passengers) . . . . . Quarters (steerage) . . . . .  Total . . . . .									Cales 1. — 2. — 3. — 4. — 5. — 6. — 7. Entrepont Soute à charbon Chaudières, tunnel de l'arbre Peak avant et magasin Peak arrière et magasin Canots de sauvetage Chambre des cartes, T.S.F. Cuisines Cambuses Soute à vivres Postes (équipage) Chambres (officiers) Cabines (passagers) Postes (émigrants)  Total	

(a) Strike out the unnecessary indications. — Rayer les mentions inutiles.

(b) In case any of the compartments enumerated do not exist on the ship or inland navigation vessel, this fact must be mentioned. — Lorsqu'un des compartiments énumérés n'existe pas sur le navire ou bateau, on devra le mentionner expressément.

(c) Old or recent evidence of excreta, runs, or gnawing. — Traces anciennes ou récentes d'excréments, de passages ou de rongements.

RECOMMENDATIONS MADE. — OBSERVATIONS. — In the case of exemption, state here the measures taken for maintaining the ship or inland navigation vessel in such a condition that the number of rats on board is negligible. — Dans le cas d'exemption, indiquer ici les mesures prises pour que le navire ou bateau soit maintenu dans des conditions telles que le nombre de rats à bord soit négligeable.

Seal, name, qualification, and signature of the inspector. — Cachet, nom, qualité et signature de l'inspecteur.

(d) None, small, moderate, or large. — Néant, peu, passablement ou beaucoup.

(e) State the weight of sulphur or of cyanide salts or quantity of HCN acid used. — Indiquer les poids de soufre ou de cyanure ou la proportion d'acide cyanhydrique.

(f) Specify whether applies to metric displacement or any other method of determining the tonnage. — Spécifier s'il s'agit de déplacement métrique ou, sinon, de quel autre tonnage il s'agit.

## Appendix 2

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA**  
**CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LE CHOLÉRA**

This is to certify that } ..... age } ..... sex } .....  
 Je soussigné(e) certifie que } ..... âge } ..... sexe } .....  
 whose signature follows } .....  
 dont la signature suit } .....

has on the date indicated been vaccinated or revaccinated against cholera.  
 a été vacciné(e) ou revacciné(e) contre le choléra à la date indiquée.

Date	Signature and professional status of vaccinator Signature et qualité professionnelle du vaccinateur	Signature and status of authenticator over official stamp Signature, qualité et timbre de la personne qui authentifie	
1		1	2
2			
3		3	4
4			
5		5	6
6			
7		7	8
8			

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

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

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

The professional status of the vaccinator must be certified by the health authority or by another person qualified to do so by the Government of the territory where the certificate was issued or where the subsequent vaccination took place. If the vaccinator is a member of a national or local health service or the Armed Forces of a State, the placing on the certificate of the official stamp of his service will suffice. In the case of the Armed Forces, the location of the issuing unit is not required.

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

La vaccination ou la revaccination doit être faite au moyen d'une simple dose de vaccin d'activité connue.

La validité de ce certificat est acquise cinq jours après la date de la vaccination ou, en cas de revaccination dans les six mois, à partir de la date de la revaccination ; cette validité couvre une période de six mois à compter de la date de la vaccination ou de la revaccination.

Nonobstant les dispositions ci-dessus mentionnées, lorsqu'il s'agit de pèlerins, le présent certificat doit indiquer qu'il a été procédé à deux inoculations à sept jours d'intervalle et la validité du certificat est acquise à la date de la seconde inoculation.

La qualité professionnelle du vaccinateur doit être certifiée par l'autorité sanitaire ou par toute autre personne habilitée à ce faire par le gouvernement du territoire où le certificat a été délivré ou bien là où la vaccination subséquente a été effectuée. Si le vaccinateur appartient à l'administration ou aux forces armées de l'Etat, l'apposition du timbre officiel du service auquel ledit vaccinateur est rattaché suffit. Dans le cas des forces armées, l'indication du lieu où se trouve l'unité qui délivre le certificat n'est pas requise.

Toute correction ou rature sur le certificat ou toute omission quant à l'une de ses énonciations peut affecter sa validité.

## Appendix 3

**INTERNATIONAL CERTIFICATE OF VACCINATION AGAINST YELLOW FEVER**  
**CERTIFICAT INTERNATIONAL DE VACCINATION CONTRE LA FIÈVRE JAUNE**

This is to certify that } ..... age } ..... sex }  
 Je soussigné(e) certifie que } ..... âge } ..... sexe }

whose signature follows } .....  
 dont la signature suit }

has on the date indicated been vaccinated or revaccinated against yellow fever.  
 a été vacciné(e) ou revacciné(e) contre la fièvre jaune à la date indiquée.

Date	Signature and professional status of vaccinator Signature et qualité professionnelle du vaccinateur	Origin and batch no. of vaccine Numéro du lot et origine du vaccin employé	Official stamp of inoculation centre Timbre du centre de vaccination	
1			1	2
2				
3			3	4
4				

This certificate is valid only if the vaccine used has been approved by the Organization and if the Vaccinating Centre has been designated by the health administration for the territory in which that Centre is situated.

The validity of this certificate shall commence 10 days after the date of vaccination, or, in the case of revaccination within six years, from the date of such revaccination, and shall extend to a period of six years from the date of such vaccination or revaccination. In the case of the Armed Forces, the location of the issuing unit is not required.

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

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation et si le centre de vaccination a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

Ce certificat devient valable 10 jours après la date de la vaccination. Toutefois, dans le cas de personnes revaccinées dans les six ans, il devient valable à partir de la date de la revaccination. La validité s'étend sur une période de six ans à partir de la date de la vaccination ou de la revaccination.

Dans le cas des forces armées, l'indication du lieu où se trouve l'unité qui délivre le certificat n'est pas requise.

Toute correction ou rature sur le certificat ou toute omission quant à l'une de ses énonciations peut affecter sa validité.

## Appendix 4

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX**  
**CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE**

This is to certify that } ..... age } ..... sex } .....  
 Je soussigné(e) certifie que } ..... âge } ..... sexe } .....

whose signature follows } .....  
 dont la signature suit } .....

has on the date indicated been vaccinated or revaccinated against smallpox.  
 a été vacciné(e) ou revacciné(e) contre la variole à la date indiquée.

Date	Signature and professional status of vaccinator Signature et qualité professionnelle du vaccinateur	Signature and status of authenticator over official stamp Signature, qualité et timbre de la personne qui authentifie		Result Résultat	Signature and professional status of observer Signature et qualité professionnelle du contrôleur	Date of observation Date du contrôle
1		1	2			1
2						2
3		3	4			3
4						4

The result of vaccination or revaccination to be recorded in the following notation :

**POSITIVE** or **POS.** when an accelerated vesicular reaction (vaccinoid) appears between the fifth and eighth day inclusive, or if a typical pustular vaccinal reaction occurs.

**NEGATIVE** or **NEG.** when no reaction or early non-vesicular reaction appears during the four days following the vaccination.

The term " Reaction of immunity " will not be used.

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

The professional status of the vaccinator must be certified by the health authority or by any other person qualified to do so by the Government of the territory where the certificate was issued or where the subsequent vaccination took place. If the vaccinator is a member of a national or local health service or the Armed Forces of a State, the placing on the certificate of the official stamp of his service will suffice. In the case of the Armed Forces, the location of the issuing unit is not required.

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

Le résultat de la vaccination ou de la revaccination doit être indiqué de la manière suivante :

**POSITIVE** ou **POS.** lorsqu'une réaction vésiculaire accélérée (vaccinoïde) se montre entre le cinquième et le huitième jour (inclus), ou en cas de réaction vaccinale typique (pustule).

**NEGATIVE** ou **NEG.** lorsque aucune réaction n'apparaît, ou s'il se produit une réaction précoce (non vésiculaire) pendant les quatre jours qui suivent la vaccination.

L'expression « Réaction d'immunité » ne doit pas être employée.

Ce certificat est valable pendant trois ans à partir de la date de la vaccination ou de la revaccination la plus récente.

La qualité professionnelle du vaccinateur doit être certifiée par l'autorité sanitaire ou par toute autre personne habilitée à ce faire par le gouvernement du territoire où le certificat a été délivré ou bien là où la vaccination subséquente a été effectuée. Si le vaccinateur appartient à l'administration ou aux forces armées de l'Etat, l'apposition du timbre officiel du service auquel ledit vaccinateur est rattaché suffit. Dans le cas des forces armées, l'indication du lieu où se trouve l'unité qui délivre le certificat n'est pas requise.

Toute correction ou rature sur le certificat ou toute omission quant à l'une de ses énonciations peut affecter sa validité.



## Appendix 5

## MARITIME DECLARATION OF HEALTH

(To be rendered by the masters of ships arriving from ports outside the territory.)

Port of ..... Date .....

Name of Ship..... From..... To .....

Nationality ..... Master's name .....

Net Registered Tonnage .....

Deratting or Deratting Exemption { Certificate ..... Date .....  
Issued at .....

Number of passengers { Cabin ..... Number of crew .....  
Deck .....

List of ports of call from commencement of voyage with dates of departure :

.....

.....

## Health Questions

Answer  
Yes or No

1. Has there been on board during the voyage \* any case or suspected case of plague, cholera, yellow fever, smallpox, typhus, or relapsing fever ? Give particulars in the Schedule. ....
2. Has plague occurred or been suspected among the rats or mice on board during the voyage,\* or has there been an unusual mortality among them ? ....
3. Has any person died on board during the voyage \* otherwise than as a result of accident ? Give particulars in Schedule. ....
4. Is there on board or has there been during the voyage \* any case of illness which you suspect to be of an infectious nature ? Give particulars in Schedule. ....
5. Is there any sick person on board now ? Give particulars in Schedule. ....

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

6. Are you aware of any other condition on board which may lead to infection or the spread of infectious disease ? .....

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 .....

Date .....

Ship's Surgeon

\* If more than 6 weeks have elapsed since the voyage began, it will suffice to give particulars for the last 6 weeks.

## Appendix 5 (continued)

## SCHEDULE TO THE DECLARATION

Particulars of every case of illness or death occurring on board

Name	Class or rating	Age	Sex	Nationality	Port of embarkation	Date of embarkation	Nature of illness	Date of its onset	Results of illness *	Disposal of case **

\* State whether recovered ; still ill ; died.

\*\* State whether still on board ; landed at (give name of port) ; buried at sea.

## Appendix 6

## HEALTH PART OF THE AIRCRAFT GENERAL DECLARATION

to include information on :

- (a) Illness other than airsickness that has occurred on board during the flight.
- (b) Any other condition on board which may lead to the spread of infectious disease.
- (c) 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.

## Annex A

**SANITARY CONTROL OF PILGRIM TRAFFIC APPROACHING OR LEAVING THE HEDJAZ  
DURING THE SEASON OF THE PILGRIMAGE**

**PART I — MEASURES APPLYING TO ALL PILGRIMS***Article 1* [Art. A1]

1. Before departure, every pilgrim shall be in possession of a valid certificate of vaccination against smallpox and of a certificate of vaccination against cholera, irrespective of the local area from which he comes or the sanitary conditions in that area; and, if he comes from a yellow-fever infected local area, of a valid certificate of vaccination against yellow fever.
2. Every pilgrim, on his arrival in the Hedjaz, shall be in possession of a valid certificate of vaccination against cholera.

**PART II — PILGRIM SHIPS****Chapter I — Pilgrim Ships passing through the Suez Canal***Article 2* [Art. A2]

Every pilgrim ship passing through the Suez Canal shall proceed in quarantine.

**Chapter II — Pilgrim Ships going to the Hedjaz***Article 3* [Art. A3]

1. On arrival of a pilgrim ship at Port Said, pilgrims shall be in possession of :
  - (a) a valid certificate of vaccination against smallpox ;
  - (b) a certificate of vaccination against cholera due to become valid before arrival of the ship at the Hedjaz ;
  - (c) if the pilgrim comes from a yellow-fever infected local area a valid certificate of vaccination against yellow fever.
2. Any pilgrim who is not in possession of any of the certificates required in paragraph 1 of this Article shall be vaccinated and given a certificate of such vaccination.
3. If on medical examination of a pilgrim ship at Port Said no case of epidemic disease is discovered, the ship shall be allowed to proceed to the Hedjaz, without calling at any intermediate port, as soon as the provisions of paragraph 2 of this Article have been complied with.

*Article 4* [Art. A4]

1. Every pilgrim ship going to the Hedjaz from the south shall before arriving there stop at the sanitary station at Kamaran for medical examination.
2. Paragraphs 1 and 2 of Article 3 shall apply on arrival of the pilgrim ship at Kamaran.
3. If during the voyage there has not been on board a case of epidemic disease, the pilgrim ship shall be allowed to proceed

to the Hedjaz, without calling at any intermediate port, as soon as the provisions of paragraph 2 of Article 3 have been complied with.

4. If there has been on board a case of plague, cholera, or yellow fever, every pilgrim shall be disembarked and a medical examination shall be carried out daily. Infected persons shall be isolated. After deratting, disinsecting, and disinfection of the ship, if appropriate, any pilgrim who is not an infected person shall be allowed to re-embark five days after the last case of cholera, or six days after the last case of plague or yellow fever has occurred, and the ship allowed to proceed to the Hedjaz, without calling at any intermediate port.

5. If there has been on board a case of smallpox, typhus, or relapsing fever, every infected person shall be disembarked and isolated and the pilgrim ship, after disinsecting and disinfection, if appropriate, shall be allowed to proceed to the Hedjaz, without calling at any intermediate port.

**Chapter III — Pilgrim Ships returning from the Hedjaz***Article 5* [Art. A5]

Any pilgrim returning from the Hedjaz who wishes to disembark in Egypt shall travel only in a pilgrim ship which stops at the sanitary station at El Tor, or at some other sanitary station appointed by the health administration for Egypt, where the sanitary measures provided for in the Egyptian Quarantine Regulations may be applied to him.

*Article 6* [Art. A6]

The health administration for Saudi Arabia shall notify every diplomatic mission in its territory immediately there occurs in the Hedjaz during the season of the Pilgrimage a case of plague, cholera, or yellow fever, or an epidemic of smallpox, typhus, or relapsing fever. On receipt of such notification, the diplomatic mission of any country to which any pilgrim ship is returning may instruct the master to proceed to the sanitary station at El Tor or Kamaran, as the case may be.

*Article 7* [Art. A7]

1. If there has not been in the Hedjaz during the season of the Pilgrimage a case of plague, cholera, or yellow fever, or an epidemic of smallpox, typhus, or relapsing fever, any pilgrim ship returning northwards may go from the Hedjaz, without calling at any intermediate port, to Suez, where the pilgrims shall be medically examined.
2. If there has not been a case of epidemic disease on board during the voyage, and five days have elapsed, reckoned from the date on which the pilgrim ship left the Hedjaz, the health authority at Suez shall allow it to enter the Suez Canal, even at night. The health authority may allow any such pilgrim ship to enter the Suez Canal less than five days after it left the Hedjaz if the first two pilgrim ships returning from the Hedjaz

via El Tor as well as the aircraft carrying pilgrims who have landed there before the arrival of the second ship have been found to be free from infection.<sup>1</sup>

3. If there has been a case of plague, cholera, or yellow fever on board during the voyage, the pilgrim ship shall be directed to go to the sanitary station at El Tor.

4. If there has been a case of smallpox, typhus, or relapsing fever on board during the voyage, the pilgrims shall be disembarked at Suez, the pilgrim ship shall be put in quarantine, and the appropriate measures of revaccination, disinsecting, and disinfection shall be taken before it is allowed to continue its voyage.

#### Article 8

[Art. A9]

1. On arrival at El Tor or at Kamaran of any pilgrim ship directed there under Article 6, or, in the case of El Tor, paragraph 3 of Article 7, of this Annex, the health authority for the sanitary station shall apply the following measures :

(a) if there is a case of plague, cholera, or yellow fever on board, every pilgrim shall be disembarked and the suspects submitted to such sanitary measures as the health authority considers appropriate. The pilgrims shall be isolated, in the case of cholera for a period of not more than five days, and in the case of plague or yellow fever for a period of not more than six days, after the last case has occurred ;

(b) if there is a case of smallpox, typhus, or relapsing fever on board, every suspect shall be disembarked and disinfected or disinsected ;

(c) the appropriate measures of deratting, disinsecting, and disinfection of the pilgrim ship shall be taken if necessary.

2. When the measures provided for in this Article have been applied, any pilgrim who is not an infected person shall be allowed to re-embark and the ship allowed to continue its voyage.

#### Article 9

[Art. A10]

Every pilgrim ship returning from the Hedjaz and going to a territory on the African coast of the Red Sea shall, without calling at any intermediate port, proceed to such sanitary station as may be appointed by the health administration for that territory, and any sanitary measures considered necessary by the appropriate health authority shall be applied at such sanitary station.

### PART III — TRANSPORT BY AIR

#### Article 10

1. On arrival of a pilgrim at an airport in the Hedjaz, the health authority shall ascertain that the pilgrim fulfils the requirements provided for in Article 1 of this Annex.

2. If any pilgrim does not fulfil such requirements, he shall undergo the necessary vaccinations and shall be given the appropriate certificates.

3. Should the pilgrim refuse to be so vaccinated, the health authority may refuse to allow him to enter the Hedjaz.

<sup>1</sup> It appears from document WHO/Epid/44, page 109, that the Egyptian authorities are prepared to accept a reduction to two ships but, in turn, require that mention should be made of aircraft carrying pilgrims which have landed at El Tor in the meantime.

#### Article 11

[Art. A11]

1. Any pilgrim returning from the Hedjaz who wishes to disembark in Egypt, except as provided in Article 29 of the Regulations, must first call at El Tor, or at some other sanitary station appointed by the health administration for Egypt, where the sanitary measures provided for in the Egyptian Quarantine Regulations may be applied to him.

2. No sanitary measures other than those provided for in the Regulations shall apply during the voyage to other pilgrims returning by air from the Hedjaz.

3. The health administration for any territory to which the pilgrim returns may determine the sanitary measures to be applied to him.

### PART IV — TRANSPORT BY LAND

#### Article 12

[Art. A12]

Every pilgrim who wishes to enter Saudi Arabian territory by land shall do so only at a sanitary station appointed by the health administration for Saudi Arabia, where the measures provided for in the Regulations may be applied.

#### Article 13

[Art. A13]

If there has been in the Hedjaz during the season of the Pilgrimage a case of plague, cholera, or yellow fever, or an epidemic of smallpox, typhus, or relapsing fever, the appropriate health authority for the first area adjoining Saudi Arabia which a pilgrim returning therefrom enters may either isolate him at a sanitary station, or place him under surveillance, as it considers necessary, for not longer than the incubation period of the disease which has occurred.

### PART V — NOTIFICATIONS

#### Article 14

[Art. A14]

The health administration for Saudi Arabia shall inform the Organization weekly by telegram of the epidemiological conditions prevailing in its territory during a period beginning two months before the commencement of the season of the Pilgrimage and ending two months after the termination of that season. This information, which shall take into account the data furnished and the notifications made to that administration by the medical missions accompanying the pilgrims, shall be transmitted by the Organization to the health administrations of the territories from which the pilgrims come with a view to enabling them to apply the appropriate provisions of these Regulations on the return of the pilgrims.

#### Article 15

[Art. A15]

During the season of the Pilgrimage all health administrations concerned shall transmit periodically and if necessary by the most rapid means to the Organization all sanitary information they may collect concerning the Pilgrimage. They shall also present to the Organization not later than six months after the end of the Pilgrimage an annual report thereon. This information shall be forwarded by the Organization to all health administrations concerned.

## Annex B

## STANDARDS OF HYGIENE AND WELFARE ON PILGRIM SHIPS AND ON AIRCRAFT CARRYING PILGRIMS

## PART I — PILGRIM SHIPS

*Article 1* [Art. B1]

Only mechanically propelled ships shall be permitted to carry pilgrims.

*Article 2* [Art. B2]

1. Every pilgrim ship shall be able to accommodate the pilgrims on the between-decks.
2. Pilgrims shall not be lodged on any deck lower than the first between-deck below the water-line.
3. The following space provisions shall be made on a pilgrim ship for each pilgrim, irrespective of age :

(a) on the between-decks, in addition to the space provided for the crew, an area of not less than 1.5 square metres or approximately 16 English square feet and a cubic capacity of not less than 3 cubic metres or approximately 106 English cubic feet ;

(b) on the upper deck, a free area of not less than 0.56 square metres or approximately 6 English square feet in addition to the area upon that deck required for the working of the ship or reserved for the crew or taken up by temporary hospitals, douches, and latrines.

4. Satisfactory ventilation, augmented by mechanical means at least in the case of decks below the first of the between-decks, shall be provided.

*Article 3* [Art. B3]

1. Every pilgrim ship shall be provided on deck with screened places supplied at all times, even if the ship is lying at anchor, with sea-water under pressure, in pipes which shall be fitted with taps or douches, in the proportion of not less than one tap or douche for every 100 or fraction of 100 pilgrims.
2. A sufficient number of such places shall be for the exclusive use of women.

*Article 4* [Art. B4]

1. In addition to closet accommodation for the crew, every pilgrim ship shall be provided with latrines, fitted with flushing apparatus or water-taps, in the proportion of not less than three latrines for every 100 pilgrims or fraction of 100 pilgrims ; provided that, for existing ships in which it is impracticable to provide that proportion, the health authority for the port of departure may permit the proportion to be not less than two latrines for every 100 pilgrims or fraction of 100 pilgrims.
2. A sufficient number of such latrines shall be for the exclusive use of women.
3. No latrine shall be in a hold of the ship.

*Article 5* [Art. B15]

No pilgrim shall be permitted to cook food on board a pilgrim ship.

*Article 6* [Art. B5]

1. Every pilgrim ship shall be provided with satisfactory hospital accommodation situated on the upper deck unless the health authority for the port of departure considers that some other situation would be equally satisfactory.
2. Such hospital accommodation, including temporary hospitals, shall be of sufficient size, allowing not less than 9 square metres or approximately 97 English square feet for every 100 pilgrims or fraction of 100 pilgrims, and so constructed as to enable infected persons or suspects to be suitably isolated.
3. Separate latrines shall be provided exclusively for such accommodation.

*Article 7* [Art. B6]

1. Every pilgrim ship shall carry medicaments and other articles for the treatment of the sick pilgrims, as well as disinfectants and insecticides. The health administration for the territory in which is situated the port of departure shall prescribe the quantities of such substances or articles to be carried.
2. Every pilgrim ship shall be provided with anticholera vaccine, antismallpox vaccine, and any other immunizing substance which may be prescribed by the health administration referred to in paragraph 1 of this Article, and such vaccines and substances shall be stored under suitable conditions.
3. Medical attendance and medicines shall be provided free of charge to pilgrims on a pilgrim ship.

*Article 8* [Art. B7]

1. The crew of every pilgrim ship shall include a properly qualified medical practitioner employed for medical service on the ship.
2. If the number of pilgrims on board exceeds 1,000, the crew shall include two such practitioners.
3. Every such practitioner shall be so recognized by the health administration for the territory in which is situated the port of departure.

*Article 9*

1. The master of a pilgrim ship shall exhibit, on board, notices showing :
  - (a) the destination of the ship ;
  - (b) the price of each ticket ;
  - (c) the daily ration of each article of food and fresh water to be provided for each pilgrim without extra charge, in accordance with the regulations of the country or countries of origin of the pilgrims ;
  - (d) the prices of additional articles of food which may be bought on board.
2. The master shall also exhibit on board such extracts of this Annex as may be required by the health administration for the territory in which is situated the port of departure.

3. Every such notice and extract shall be exhibited in conspicuous places accessible to all the pilgrims on board and kept so exhibited during the whole of the voyage, and it shall be printed in the language or languages of the country in which the ship is registered and in the principal languages understood by the pilgrims.

*Article 10*

[Art. B9]

1. Each pilgrim on board a pilgrim ship shall keep with him only such light baggage as is essential for the voyage.
2. The heavy baggage of each pilgrim shall be registered and numbered.
3. The nature, amount, and dimensions of the baggage which a pilgrim may take on a pilgrim ship or keep with him for the voyage shall be determined by regulations of the territory in which the ship is registered.

*Article 11*

[Art. B10]

The sanitary charges which each pilgrim will normally incur throughout his voyage to and from the Hedjaz shall be included in the price of his ticket. The health authority for the port where a pilgrim is due to embark shall decide whether the total of such charges shall be paid to it by the master of the ship or by the agent of the shipping company.

*Article 12*

[Art. B11]

1. The master of every pilgrim ship or the agent of the shipping company shall notify the health authority for each port at which pilgrims are due to be embarked of the intention to do so, three days before the ship leaves the port of departure and twelve hours before it leaves any subsequent port of call.
2. Every such notification shall specify the proposed date of departure and the destination of the ship.

*Article 13*

[Art. B12]

1. The health authority for a port, on receiving a notification provided for in Article 12 of this Annex, shall inspect the ship, and may measure it if the master cannot produce a certificate of measurement by another competent authority or if the inspecting authority has reason to believe that such certificate no longer represents the actual conditions of the ship.
2. The cost of any such inspection and measurement shall be payable by the master.

*Article 14*

[Art. B13]

The health authority for a port shall not permit the departure of a pilgrim ship until satisfied that :

- (a) the ship is thoroughly clean and, if necessary, has been disinfected ;
- (b) the ship is properly ventilated and provided with awnings of sufficient size and thickness to shelter the decks ;
- (c) there is nothing on board which is or may become injurious to the health of the pilgrims or crew ;
- (d) there is on board, properly stowed away, in addition to the requirements of the ship and crew, sufficient food of good quality for all the pilgrims during the voyage ;
- (e) the drinking-water on board is wholesome and sufficient ;

- (f) the tanks for the drinking-water on board are properly protected from contamination and so closed that the water can be drawn from them only by means of taps or pumps ;
- (g) the ship carries a condenser capable of distilling not less than 5 litres of drinking-water per day for each person on board ;
- (h) the ship has a proper and sufficient disinfecting chamber ;
- (i) the ship carries as part of the crew a properly qualified and registered medical practitioner with experience of maritime health conditions, or in the case of paragraph 2 of Article 8 of this Annex, two such medical practitioners, and sufficient medical stores ;
- (j) the deck is free from merchandise and unencumbered ;
- (k) any appropriate measure provided for in this Annex can be applied on board ;
- (l) the master has obtained :

(i) a list, countersigned by the health authority for each port at which pilgrims have been embarked, showing the names and sex of the pilgrims embarked there and the maximum number of pilgrims which may be carried on the ship ;

(ii) a document giving the name, nationality, and tonnage of the ship, the names of the master and ship's surgeon or surgeons, the exact number of persons embarked, and the port of departure. This document shall include a statement by the health authority for the port of departure, showing whether the maximum number of pilgrims which may be carried has been embarked, and, if not, the additional number of pilgrims the ship is authorized to embark at subsequent ports of call.

*Article 15*

[Art. B14]

1. The document referred to in sub-paragraph (l) (ii) of Article 14 of this Annex shall be countersigned at each port of call by the health authority for that port, which shall enter on such document :

- (a) the number of pilgrims disembarked or embarked at that port ;
- (b) anything that has happened at sea affecting the health of persons on board ;
- (c) the sanitary conditions at the port of call.

2. If any such document is altered in any other manner during the voyage, the ship may be treated as infected.

*Article 16*

[Art. B16]

During the voyage of a pilgrim ship, the deck allotted to pilgrims shall be kept free from merchandise and unencumbered, and reserved for their use at all times, even at night, without charge.

*Article 17*

[Art. B17]

The between-decks of a pilgrim ship shall be properly cleansed every day during the voyage at a time when they are not occupied by the pilgrims.

*Article 18*

[Art. B18]

Every latrine on a pilgrim ship shall be kept clean and in good working order, and shall be disinfected as frequently as necessary and in no case less than three times daily.

*Article 19*

[Art. B21]

The ship's surgeon shall be responsible to the master of a pilgrim ship for all necessary measures of disinfection or

disinsecting on board, which shall be carried out under the supervision of the ship's surgeon.

*Article 20* [Art. B19]

1. Not less than 5 litres of drinking-water shall be provided daily, free of charge, to each pilgrim, irrespective of age.
2. If there is any reason to suspect that the drinking-water on a pilgrim ship may be contaminated, or if there is any doubt as to its quality, it shall be boiled or sterilized, and it shall be removed from the ship at the first port at which a fresh and wholesome supply can be obtained. The tanks shall be disinfected before being filled with the fresh supply.

*Article 21* [Art. B20]

1. The ship's surgeon shall visit all the pilgrims on a pilgrim ship during its voyage, give medical attention to them as may be necessary, and satisfy himself that hygienic standards are being observed on board.
2. The ship's surgeon shall, in particular, satisfy himself :
  - (a) that the rations issued to the pilgrims are of good quality and properly prepared and that the quantity is in accordance with the carriage contract ;
  - (b) that drinking-water is distributed as provided in paragraph 1 of Article 20 of this Annex ;
  - (c) that the ship is always kept clean and that the latrines are cleaned and disinfected as provided for in Article 18 of this Annex ;
  - (d) that the pilgrims' quarters are kept clean ;
  - (e) that in the case of the occurrence of any communicable disease, the appropriate measures of disinfection and disinsecting have been carried out.
3. If there is any doubt as to the quality of the drinking-water, the ship's surgeon shall draw the attention of the master, in writing, to the provisions of Article 20 of this Annex.
4. The ship's surgeon shall keep a day-to-day record of every occurrence relating to health during the voyage and, if so requested by the health authority for any port of call or for the port of destination, he shall produce the record for inspection.

*Article 22* [Art. B22]

Only the persons charged with the nursing of patients suffering from communicable diseases shall have access to

them. Such persons shall not come in contact with pilgrims if such contact would be liable to convey infection.

*Article 23* [Art. B23]

1. If a pilgrim dies during the voyage, the master shall record the fact opposite the name of the person on the list required by sub-paragraph (1) (i) of Article 14 of this Annex and he shall also enter in the ship's log the name of the person, his age, the place from which he came, and the cause or assumed cause of death.
2. If the person has died at sea from communicable disease, the corpse shall be wrapped in a shroud impregnated with a disinfecting solution and shall be buried at sea.

*Article 24*

The master of a pilgrim ship shall enter in the ship's log every prophylactic measure taken during the voyage, and, if so requested by the health authority for any port of call or for the port of destination, he shall produce the log for inspection.

*Article 25* [Art. B24]

This Annex does not apply to pilgrim ships engaged on short sea voyages, accepted locally as coasting voyages, which shall conform with special requirements agreed between the States concerned.

## PART II — AIRCRAFT

*Article 26* [Art. B25]

The international regulations governing the transport of passengers by air, the application of which may affect the health and welfare of such passengers, shall not be relaxed merely because an aircraft is carrying pilgrims ; in particular, on an aircraft carrying pilgrims, passengers or cargo shall not be carried in excess of such regulations.

*Article 27* [Art. B26]

A health administration may designate a specified airport or airports as the only ones in its territory where pilgrims may disembark.

**MINUTES OF THE SPECIAL COMMITTEE  
APPOINTED BY THE THIRD WORLD HEALTH ASSEMBLY**

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**FIRST MEETING**

*Monday, 9 April 1951, at 10 a.m.*

*Chairman: Dr. M. T. MORGAN (United Kingdom)*

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**1. Opening of the Session by the Deputy Director-General**

Dr. DOROLLE, Deputy Director-General, in welcoming the delegations to the Special Committee, in the enforced absence of the Director-General, noted that the committee was meeting in the year which marked the centenary of the first attempt to reach an international agreement designed to limit the spread of pestilential diseases. Though that first attempt had failed, and though it had not been till the year 1892 that the first International Sanitary Convention had been signed, the perseverance of those early pioneers might still serve as an example. The chief milestones in the history of International Sanitary Conventions were: 1894, the first Sanitary Conference on the Mecca Pilgrimage; 1902, the setting up of the Pan American Sanitary Bureau; 1903, the Paris Convention, whose provisions, incorporated in the Rome agreement of 1907, had led to the creation of the Office International d'Hygiène Publique (OIHP); 1905, the Pan American Sanitary Convention; 1912, the important International Sanitary Convention drafted in Paris; 1924, the Pan American Sanitary Code; 1926, through the efforts of the Office International d'Hygiène Publique, an International Sanitary Convention signed by 66 nations and ratified by 44; 1933, the International Sanitary Convention for Aerial Navigation; 1944, under the auspices of UNRRA, conventions to amend those of 1926 and 1933.

Unfortunately, none of those conventions had ever completely superseded any of its predecessors. Moreover, the fact that they were diplomatic instruments subject to the formal ratification of signatory

States meant that some governments were parties only to the earlier conventions, others to the more recent. Hence at the present moment no less than eight agreements were simultaneously in force, while very often the national regulations designed to implement them had failed to keep pace with the agreements themselves. The resulting impression was one of inextricable confusion, and it was only through the goodwill and good sense of all authorities and organizations concerned that still graver difficulties had not arisen.

The universal recognition of the need for a unification and rationalization of international sanitary arrangements had found expression in the inclusion, among the constitutional functions of WHO, of that of proposing conventions and regulations and making recommendations with respect to international health matters. That principle was further developed in Article 21, which gave the Health Assembly "authority to adopt regulations concerning sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease". In conferring on WHO authority to adopt international sanitary regulations, the intention had clearly been to set up a new procedure calculated not only to promote the needed unification, but also to give the new regulations the flexibility made necessary by the rapidity of present advances in medical knowledge and means of transport, but which could not be attained under the older system with its cumbrous procedure of special international conferences and ratifications. That flexibility was provided by Article 22 of the Constitution, in pursuance of which regulations adopted by the Health Assembly came into force for all Members



after simple notification, except for those signifying rejections or reservations within a given period. At the same time any regulations adopted could be amended by a procedure equally simple.

In the early months of its existence, the Interim Commission of WHO had set up expert committees to prepare a revision of existing sanitary conventions by the study of such questions as the sanitary control of the Mecca Pilgrimage, and modern advances in epidemiology and methods of disinfecting. The technical documentation thus produced had been used as a basis by the Expert Committee on International Epidemiology and Quarantine in framing a set of principles for the new international sanitary regulations. After approval of those principles by the Second World Health Assembly, the expert committee, with the help of its legal sub-committee, had produced its preliminary draft regulations, which after further study and suggestions, had led to the draft to which the special committee was to give final form with a view to its adoption by the Fourth World Health Assembly.

The result of the long preparatory work to which he had referred was that the committee had before it a single slim working document, framed in the form of regulations. That text, which naturally contained much of the substance of previous conventions, laid down the maximum measures to be imposed upon international traffic for the sanitary protection of frontiers. In many cases those maximum provisions would not have to be applied fully or even at all. The final aim was, through a proper organization of national health services, to destroy diseases at their source and to establish hygienic conditions in which they could not develop. Until that end was attained it was for the committee to frame the best regulations possible in the circumstances.

The main problem before the committee was to adopt a method of working which would enable it to draw the greatest advantage from the patient preliminary work which had been done and so find a way out of the present confusion. The word "method" recalled the remark of the philosopher Descartes that where the truest opinions could not be discovered the most probable course must be adopted, and his picture of travellers lost in a forest and walking always in a straight line rather than wandering hither and thither, in the hope that in that way they would at least arrive at a place which was better than the middle of the forest. To emerge

from the present forest of confusion the committee should walk straight in the direction indicated by those who prepared the present draft, whose opinions, if not irrefutable, were undoubtedly the most probable.

Despite the patient preliminary work that had been done, the task remaining before the committee was a hard one, but he was sure that it would be brought to a successful conclusion if the committee, mindful of the possibility of improving whatever regulations it was to adopt, sought, without aiming at impossible perfection, to find a fair balance between the minimum necessary to avoid the spread of diseases and the maximum practically possible without needlessly impeding international trade. At the same time, it would be remembered that whatever value the regulations framed were to have would depend above all on how they were applied.

## **2. Election of Chairman**

On the proposal of Dr. DUJARRIC DE LA RIVIÈRE (France), seconded by Dr. VAN DEN BERG (Netherlands) and Dr. BELL (United States of America), Dr. M. T. Morgan (United Kingdom) was unanimously elected Chairman, and took the Chair.

Dr. MORGAN thanked the Special Committee for his election as Chairman. He was sure that the committee would prove a worthy successor to previous conferences on sanitary regulations. He would carry out the office to which he had been elected with complete impartiality.

## **3. Election of Vice-Chairmen**

On the proposal of the CHAIRMAN, it was agreed that four vice-chairmen should be elected. In the interests of a wide geographical representation, it was suggested that the regional organization of WHO should serve as a basis for nominations, namely, South-East Asia ; Western Pacific (including Australia and New Zealand) ; the Americas ; the Eastern Mediterranean and Africa, the last two being taken together.

It was subsequently decided, after a short adjournment, to defer the nomination and appointment of the four vice-chairmen pending the arrival of all delegations.

## **4. Composition of Sub-Committee on Credentials**

It was agreed that the Sub-Committee on Credentials should consist of representatives from the

following countries : Canada, Indonesia, Italy, Laos, Luxembourg, Netherlands, Norway, New Zealand, Philippines, Saudi Arabia, Syria and Thailand.

### 5. Adoption of the Provisional Agenda

On the proposal of Dr. BARRETT (United Kingdom), seconded by Dr. VAN DEN BERG and Dr. VAN DE CALSEYDE (Belgium), it was agreed that an additional item, namely the appointment of a rapporteur, should be included in the agenda.

The committee decided to leave the actual nomination open to a later date.

*Decision:* There being no other observations, the provisional agenda, amended as above, was adopted (see page 9).

### 6. Procedure of Work

The CHAIRMAN proposed that the text of the draft Regulations should be considered in daily plenary sessions, so that all members could take full part in the discussions.

He further suggested that, provisionally, only two sub-committees should be set up : (1) a drafting sub-committee (for which nominations would be made later), to ensure complete concordance between the French and English texts ; (2) a sub-committee—which all delegations were free to attend—to consider the pilgrimage clauses in Annexes A and B.

It was so agreed.

*The meeting rose at 12 noon.*

## SECOND MEETING

*Tuesday, 10 April 1951, at 9.30 a.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

### 1. First Report of the Sub-Committee on Credentials

Dr. PADUA (Philippines), Rapporteur of the Sub-Committee on Credentials, introduced the report (see page 269), which was adopted unanimously.

### 2. Consideration of Draft International Sanitary Regulations

The committee proceeded to the consideration of the draft Sanitary Regulations (as reproduced on page 10).

#### Preamble

The proposal of the United Kingdom delegation to amend the words "communicable diseases" in the second paragraph of the Preamble was referred to the Drafting Sub-Committee.

Dr. VAN DEN BERG (Netherlands) expressed his delegation's appreciation of the fact that WHO had begun the important work of revising existing sanitary conventions, thus continuing the task previously carried out by the Office International d'Hygiène Publique.

Commenting on the threefold aim of the draft Sanitary Regulations, he said that his delegation

fully agreed about the importance of the codification of all existing sanitary conventions. He regretted that the opinions expressed by his delegation in regard to the first draft had not found sufficient support, and mentioned three reasons why a new convention was preferable to WHO Regulations, namely : (1) Real codification could not be attained because WHO Sanitary Regulations would only be binding on Member States, thereby necessitating the maintenance of existing sanitary conventions for many countries not Members of the World Health Organization ; (2) The draft Sanitary Regulations under discussion went beyond the competence of the Organization ; (3) While the drafting of sanitary regulations was an important development in international law, it was dangerous to use so untried an instrument for a matter as important as international quarantine, since the regulations—if unsuccessful—might be prejudicial to future regulations in other fields.

Dr. GEAR (Union of South Africa) said that there had been only limited discussion by previous Health Assemblies of the principles on which the draft Sanitary Regulations would be based. Nevertheless he believed the revised draft did not accord with

the resolutions of the Health Assemblies, in particular with resolution WHA2.15 of the Second World Health Assembly concerning the "need for eliminating quarantine restrictions of doubtful medical value which interfere with international trade and travel, and . . . the present unsatisfactory tendency to multiply the number of immunization certificates required from travellers".

He believed it was therefore important that, throughout its examination of the draft Regulations, the Special Committee should have constantly in mind the principles—epidemiological and public health—on which the prevention of epidemic disease was based. These principles implied that fundamentally the protection of a community from infectious disease depended upon its own internal conditions and on the improvement of its own public-health and medical services, and not on barrier quarantine methods. It was therefore important to avoid such methods, especially when they caused such serious interference to international relationship, traffic and trade.

The concept of restrictive quarantine was not in complete accord with modern knowledge of epidemiology. The diseases covered by the draft Regulations were no longer the serious menace they had been 20 years previously. They could now be controlled by public-health measures and internal arrangements which did not interfere with international travel. Average quarantine procedure would not exclude infection, and no practicable organization could control the casual and irregular movement across frontiers and along coasts. Countries should look to their own internal development and the improvement of their own internal public-health services, and not rely on quarantine methods which only created a false sense of security. He referred the Special Committee to his minority report to the Expert Committee on International Epidemiology and Quarantine<sup>1</sup> setting forth in more detail his arguments in favour of the reduction of the present obstructive forms of quarantine procedure.

Dr. BELL (United States of America) referred to the difficulty inherent in efficient quarantine administration owing to the numerous existing sanitary conventions and the differences in their application to the several means of international transport. He commended the work of the Expert Committee on International Epidemiology and Quarantine. It had done an excellent job of co-ordinating and consolidating the provisions of existing conventions. However,

his Government was of the opinion that the present draft did not fully utilize the potential value of WHO, nor did the draft Regulations fully cover the present changes in the world situation, with the changes in the foci of dangerous epidemic diseases and the discovery of new methods of control. In addition the general improvement of health standards had lessened the danger of epidemics. WHO Sanitary Regulations should therefore be limited to simple control measures directed primarily to the comparatively few ports which were sources of world infection. He gave instances of the essential measures necessary for preventing the export of each disease covered by the draft Regulations, emphasizing that it was already known what measures should be applied, when they should be applied, and where; there remained only to decide how control was to be effected.

In general, the United States delegation considered that the draft Sanitary Regulations should be altered to clarify certain passages, and to provide for better reporting of disease, for adequate measures at departure and for more flexibility, through periodical review of their practical application.

WHO should increase its activities for the stimulation of health protection, particularly in the major ports receiving international traffic, in order to render them non-receptive to the introduction of epidemics. The Organization should also stimulate research for the development of new and better methods for the control of epidemic diseases.

Professor CANAPERIA (Italy) believed there was room for compromise between the two extreme points of view. His delegation believed that the draft Sanitary Regulations should be modified to make their application less obstructive to international traffic.

Dr. EL-HALAWANI (Egypt) said that the Utopia referred to by Dr. Gear of raising the standard of health in all countries, while desirable, could not be achieved so rapidly as was hoped and, therefore, international sanitary regulations could not be dispensed with. It should be remembered that the diseases covered by the draft Regulations caused a high mortality and disorganized trade and traffic in countries in which they broke out, as had been demonstrated by the cholera epidemic in Egypt in 1947. In his opinion, countries should be protected against epidemic diseases by tightening up certain articles in the present draft.

<sup>1</sup> Document WHO/Epid/52, unpublished

The CHAIRMAN invited Sir Harold Whittingham, Observer for the International Air Transport Association, to make a statement.

Sir Harold WHITTINGHAM (International Air Transport Association) expressed the thanks of his association at being allowed to send an observer. He explained that IATA as a whole had not yet fully considered the present WHO draft Sanitary Regulations and indicated that there was some difference of opinion as between the medical and administrative officers of IATA, the latter being mainly concerned with facilitating and maintaining speed of transport, whereas the medical committee had also to consider prevention of disease. A weakness of the draft before the Special Committee was that it took no account of diseases other than the six specifically mentioned in the proposed Regulations. The Regulations should be practical, scientific and sound. He instanced the recent case of a country which had required travellers to hold a certificate of inoculation for one injection against influenza, and which had stipulated that the expenses of any necessary quarantining of passengers should be borne by the transport company concerned. He urged that immunization against any additional diseases should not be required without prior approval of WHO, in order to avoid any cleavage of international opinion, and that the procedure be reduced to a minimum for all epidemic diseases.

He suggested that the type of any vaccine used and the technique of application should be standardized and included as an annex to the Regulations for easy reference, and that approved sources of vaccine should be published by WHO, as was being done in the case of yellow-fever vaccine.

Many international sanitary airports did not conform to the minimum standards required under the existing conventions and he recommended that WHO should arrange for periodic visits to international sanitary airports to ensure that the proper standards of hygiene and sanitation were maintained. A suitable clause to that effect should be inserted in the Sanitary Regulations.

With regard to disinsecting, it was considered that details of aircraft disinsecting practice should also be published as an annex to the Regulations; such an annex should cover accepted formulae of insecticides, dosage and technique of application, so that the procedure of one nation could automatically be accepted by any other.

With regard to transit areas, the present definition took account only of direct transit and overlooked

the case of passengers delayed in transit. The "holding" areas in the transit zones should be made hygienic in the full sense of the term, in the interest of rapid transport and the avoidance of the spread of disease.

Lastly, whatever body was selected to deal with disputes should act expeditiously in the interest of rapid air travel.

M. GEERAERTS (Belgium) thought that, as one of the primary aims of the Organization was to promote the highest possible standards of health throughout the world, some delegations might be placing undue emphasis on the importance of not impeding international traffic.

*Decision:* The preamble was adopted subject to the proposed amendments, which were to be taken into consideration by the Drafting Sub-Committee.

## Article 2 [2] <sup>a</sup>

The CHAIRMAN suggested that the committee proceed to examine Article 2. The definitions contained in Article 1 would be considered in turn as the words defined appeared in the various articles. The committee would note a reference in Article 2 to government telegrams. Discussions on the question had been held with the International Telecommunication Union, which was prepared to send a representative to make a statement, probably at the following meeting; he therefore suggested that consideration of paragraph 2 of Article 2 be deferred.

M. GEERAERTS drew attention to differences between the English and French texts. For instance, in the English text of paragraph 1 of Article 2 there appeared the words "territory or territories" whereas the equivalent phrase in the French text was "son territoire".

The CHAIRMAN and Dr. DUJARRIC DE LA RIVIÈRE (France) said that neither text was a translation of the other; each text had equal value. If there was any difficulty, the matter might be referred to the Drafting Sub-Committee.

M. GEERAERTS thought that he had raised more than a drafting point. The question was whether a

<sup>a</sup> Throughout the minutes the articles of the Regulations are referred to by the numbers under which they appear in the draft text on page 10. To facilitate reference, however, the number of the corresponding article in the Regulations as approved has been added in square brackets, where practicable, in the relevant sub-headings.

reference was intended to metropolitan territories of Member States alone or, as implied in Article 95, to all territories under their jurisdiction.

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, said that it had been intended that the provisions of Article 2 should apply to all territories to which the draft Regulations would be applicable. The time to decide whether they should apply to all territories not specifically exempted, or to metropolitan territories together with any territories to which governments might extend them, would be when the final provisions of the Regulations were decided on.

Dr. BELL said that his delegation had had some difficulty in understanding what was meant by the word "territory". Presumably it meant the whole area under the jurisdiction of a single health administration. If other countries had experienced similar difficulties he suggested that a definition of "territory" be included in Article 1.

The CHAIRMAN thought that the question raised by the delegate of the United States was answered by the definition of "health administration" as the governmental authority responsible for implementing sanitary measures over the whole of a territory.

It was agreed to defer further consideration of Article 2 until after the statement by the representative of the International Telecommunication Union. (Continued in third meeting, section 4.)

### Article 3 [3]

Dr. VAN DEN BERG thought that a provision for the notification of local areas established by governments might be inserted between Articles 2 and 3.

Mr. STOWMAN (United States of America) felt that the definition of "local area" was too closely related to the type of health organization in existence in the area. An area might be infected although no health organization existed, or the infection might extend over several areas. He therefore suggested either that the definition be deleted or that each government be left to provide its own definition, which should be notified to WHO.

The CHAIRMAN called on Dr. Gaud to provide an elucidation of the point from his knowledge of the evolution of the concept of local areas.

Dr. GAUD (France) said that the concept of local areas had first been introduced in the International Sanitary Convention of 1912 to permit the least possible hampering of international traffic, in view of the previous tendency to consider a whole country as infected, even when the infection was entirely localized. The difficulty had been to define the limits of such local areas, which varied considerably according to the country. In densely populated countries the tendency had been to try to reach a definition which would minimize unnecessary upheavals in the life of a large part of the population, with the result that the concept of a local area had become progressively narrower and had finally become meaningless. To remedy that situation the Expert Committee on International Epidemiology and Quarantine had decided to define a local area as a clearly delimited part of a territory under the control of an administrative and sanitary authority capable of taking all measures necessary for preventing the spread of infection.

Dr. RAJA (India) attached great importance to the definition of "local area". In India, figures for the incidence of cholera were given for areas ranging from seaport towns to provinces as large as European countries. He noted that in the International Sanitary Convention for Aerial Navigation the definition of "local area" ranged from provinces and cantons to villages and districts of towns. Such a definition was clearly useless and he therefore supported the suggestion of the delegate of the United States that individual countries be asked to give their own definitions.

Dr. MA'MOEN (Indonesia) said that as in his country there was not only a national health authority but also local health authorities, a problem might arise as to which was to take action; he was therefore in agreement with the proposal of the delegate of the United States.

The CHAIRMAN explained that the definition intended to convey that a "local area" could not be smaller than the area covered by a health authority unit.

Mr. STOWMAN agreed with the Chairman's interpretation and suggested that the definition be referred to the Drafting Sub-Committee to find a better formula.

Dr. DOWLING (Australia) asked what was the practical purpose of the definition. The idea was

apparently that, if a "local area" were infected, other governments should take action only against that area. He wondered whether that would serve any purpose. If a single town were infected with smallpox, what was to prevent any inhabitant of that town from leaving by train and going anywhere he wished?

Dr. RAJA agreed that local facilities might not necessarily be adequate to prevent the spread of infection, but in view of the importance, emphasized by Dr. Gear, of impeding international traffic as little as possible, he felt that wherever possible a "local area" should be limited to the area where adequate health facilities existed for the prevention of the spread of disease.

Dr. EL-HALAWANI said that if an airport was a "local area" it could not be independent of the town or city to which it belonged.

The CHAIRMAN remarked that there were some airports, for example in the middle of the desert, which were entirely independent of any town. It would be impossible to find a hard and fast rule. He suggested that in accordance with the proposal of the United States delegate the definition should be referred to the Drafting Sub-Committee.

It was so agreed.

Dr. DUREN (Belgium) wished in connexion with Article 3 to raise a point with regard to the definition of "foyer". Though it was clear enough what was a foyer of yellow fever, it was not clear what constituted a foyer in the case of cholera and other epidemic diseases covered by the Regulations. How many cases were required to constitute a foyer, and at what point did a foyer become an epidemic?

Dr. PADUA (Philippines) noted that paragraph 1 (a) of Article 3 referred only to plague, cholera and yellow fever as diseases the first case of which should be notified to the Organization. In the Far East, however, smallpox was still regarded as epidemiologically important and it was undesirable that Article 3 should suggest that health administrations should wait for an epidemic before notifying the Organization. He therefore proposed that in paragraph 1 (a) the word "smallpox" be inserted after the word "cholera".

Mr. STOWMAN introduced a proposed amendment to Article 3. The United States Government con-

sidered that complete epidemiological information was essential for preventing the spread of diseases with the minimum of restriction on traffic. The United States proposals were therefore intended, first, to extend to the whole world a reporting system for international port and airport cities similar to that of the Singapore Epidemiological Intelligence Station, which had proved invaluable for twenty-five years; secondly, to give smallpox, which at present was more widespread than the other diseases mentioned, an equal rating and, thirdly, to omit relapsing fever. The third point might be discussed in connexion with Articles 87 and 88. It was proposed that Article 3 read as follows:

#### *Article 3*

1. Each health administration shall notify to the Organization by telegram:

- (a) the first case of plague, cholera, yellow fever, or smallpox recognized in its territory, designating the location of the case;
- (b) the occurrence of a foyer of typhus designating the area, or areas, affected;
- (c) the first discovery of rodent plague in an area which has been free from this infection during the previous six months.

2. Any such notification shall be made by the health administration as soon as it is informed of the occurrence and at the latest within twenty-four hours of the receipt of such information. Each first case notified shall be confirmed by laboratory methods as far as resources permit.

3. In addition to the notifications required under paragraphs 1 and 2 of this Article, each health administration shall report to the Organization by telegraph the number of cases of epidemic diseases and deaths therefrom which are known to have occurred during the previous week in each of its seaport or airport cities open to international traffic. The absence of such cases shall be reported, and such negative reports may be sent by airmail.

The provision for the sending of negative reports was important; nil returns constituted more definite information than no returns at all. There was no reason why other countries should not be able to emulate what had been done in South-East Asia, where facilities were in no way superior to those elsewhere. The question of what was to be done with information supplied would of course remain to be decided, but there would be general agreement that the maximum possible information should be made available.

Dr. BERGMAN (Sweden) thought that for a country like his, where smallpox did not normally occur, a provision for the notification of first cases would be useful.

Mr. HASELGROVE (United Kingdom) approved of a provision for the notification of first cases of smallpox, but he thought that the Director-General might not be entirely in favour of the proposal for sending nil returns.

Dr. BIRAUD, Secretary, agreed that if a local area were defined as a small part of a territory it would be impracticable from the point of view of the countries themselves, and the Director-General, for nil returns to be required every week for every local area. Nil returns would not be necessary for all areas, but only for those which had been infected and which had recently ceased to be so.

Mr. STOWMAN said that the intention of the United States proposal was in fact that nil returns should be given for all internationally important towns, airport and seaport cities, whether recently infected or not. The procedure could be very simple, involving only the sending of an airmail letter once a week.

Dr. DOWLING understood that the United States delegation was proposing two kinds of notification :

one of the occurrence of cases ; the other of non-occurrence, or nil returns. If that was a correct interpretation, he felt that the proposal was not appropriate to Article 3, which dealt only with the notification of first cases.

Mr. STOWMAN had no objection to making paragraph 3 of the text proposed by the United States delegation into a separate Article 4, to meet the point raised by Dr. Dowling. Australia had been sending nil returns to Singapore for 25 years without any inconvenience.

The CHAIRMAN said that the committee appeared to be agreed on the principle that first cases of smallpox should be notified and that provision to that effect should therefore be included in paragraph 1 (a). The second main point in the United States proposal could be considered after the text had been circulated.

Dr. PADUA pointed out that the insertion of the word " smallpox " in paragraph 1 (a) would involve its deletion from paragraph 1 (b).

It was so agreed.

*The meeting rose at 11.55 a.m.*

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### THIRD MEETING

*Tuesday, 10 April 1951, at 2.15 p.m.*

*Chairman: Dr. M. T. MORGAN (United Kingdom)*

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#### 1. Election of Vice-Chairmen (continuation from first meeting, section 3)

It was unanimously agreed to elect four vice-chairmen from the following delegations : Syria, Chile, India, Australia, the nomination of the individual being left in each case to the head of the delegation.

#### 2. Appointment of Drafting Sub-Committee

On the proposal of the CHAIRMAN, a drafting sub-committee was appointed, consisting of the following

delegations which would designate their own members to serve on the committee : Belgium, Chile, France, Italy, Laos, United Kingdom, United States of America.

In reply to a question by Dr. DUREN (Belgium) on the definition of a " local area ", the CHAIRMAN said that a clear directive had been given at the second plenary meeting to the Drafting Sub-Committee to prepare a new text on the basis that the minimum area for a local area was that under the sanitary jurisdiction of a unit of local health administration.

### 3. Appointment of Sub-Committee on the Mecca Pilgrimage

After some discussion, it was agreed that the sub-committee to consider the pilgrimage clauses should consist of the following 12 delegations, with a quorum of seven: Chile, Egypt, France, India, Indonesia, Netherlands, Pakistan, Philippines, Saudi Arabia, Syria, Thailand, United Kingdom.

It was further agreed that any delegations arriving later which were interested in the pilgrimage clauses should be added to the sub-committee, and that members of other delegations could take part in the discussions, without voting. The sub-committee would elect its own chairman and meet daily until its work was completed. (For minutes of this sub-committee, see page 248).

### 4. Consideration of Draft International Sanitary Regulations

#### Article 2 [2] (continuation from previous meeting, section 2)

The committee had before it a statement by the Director-General to the effect that the provisions of paragraph 2 of Article 2 concerning the priority to be accorded to telegrams and telephone calls sent by the Organization conflicted with the provisions of annex 2 of the International Telecommunication Convention, 1947, which excluded specialized agencies of the United Nations from the authorities with whom Government telegrams or telephone calls might originate. Since the parties to the International Telecommunication Convention, 1947, were for the most part Members of WHO, paragraph 2 should be amended, otherwise Member States would be bound by articles in two international agreements which were in substance in conflict. The amendment suggested by the Director-General read as follows:

Any such notification or epidemiological information sent by a government to the Organization will be classed as a matter of course as a government telegram or government telephone call and the originating government shall, if it judges necessary, request priority for it. Any such notification or epidemiological information sent by the Organization may be treated as a government telegram or government telephone call provided the government or governments parties to its transmission over their own telecommunication systems, or the systems of the telecommunication private operating agencies which they recognize, agree that it may be so treated. In that event the Organization may demand priority if it judges this to be necessary.

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, felt that it was incumbent upon him to draw attention to the fact that the statement was based upon a misapprehension as regarded the present legal position. In the opinion of the Legal Sub-Committee (which had considered the matter very thoroughly) the relevant provisions of existing Sanitary Conventions (listed in paragraph 2 of Article 101) had not been abrogated by the 1947 Convention. Unless the committee was of the opinion that they should now be abrogated by the Health Assembly, paragraph 2 of Article 2 should be retained. An alternative method of achieving the same result would be to list the relevant provisions among those excepted from abrogation by Article 99. He suggested that the question of the procedure to be adopted in transmitting vital information should be kept apart from the financial aspect of the matter.

Mr. TOWNSEND (Assistant Secretary-General, International Telecommunication Union) explained that the question had not yet been considered by the Members of ITU. Its officials had, however, discussed the matter with WHO and it seemed that a conflict existed between some of the provisions of the International Telecommunication Convention, 1947, by which the 92 member countries of ITU had bound themselves, and the provision of paragraph 2 of Article 2 of the draft International Sanitary Regulations, by which a number of the same countries were proposing to bind themselves. ITU had in January 1951 sent a circular letter to all its Members, suggesting that they might wish to consider their position in regard to the proposed provision in paragraph 2 of Article 2 of the draft Sanitary Regulations, and that those Members of ITU who were also Members of WHO might wish to give instructions to their delegates to the Special Committee. As very few replies had been received, he could not say what were the views of Members of ITU. The legal aspect had not been considered by the officials of his organization.

The telegraph services of the world, which were conducted under the telegraph regulations of the International Telecommunication Convention, did not provide government privileges for telegrams or telephone calls of the United Nations or any of its specialized agencies.

The extension of such privileges to the United Nations or specialized agencies had been considered by the ITU several times since 1947, but not approved.



Mr. Townshend would report the position to the Administrative Council of ITU when it met in Geneva the following week. He thought it would be for the Member Governments of ITU to decide whether the International Telecommunication Convention was to be strictly observed or whether special arrangements should be made to meet the needs of WHO.

M. MASPÉTIOL (France) considered the statement from ITU important. The Special Committee should carefully examine the modified text suggested for paragraph 2 of Article 2.

Referring to Mr. Hostie's suggestion, the question of reservations to the acceptance of the Sanitary Regulations was a delicate one, which should be dealt with when Article 99 and the following articles were considered by the committee.

Mr. HOSTIE pointed out that the position which existed was further complicated by Section 11 of the Convention on the Privileges and Immunities of the Specialized Agencies which was a later convention than the International Telecommunication Convention, and, if implemented by all Member States, would fully cover the question.

Mr. TOWNSHEND, commenting on Mr. Hostie's reference to the application of the Convention on the Privileges and Immunities of the Specialized Agencies, said that that convention had been examined in detail by the Administrative Council of ITU at its last session six months previously. The Council had recommended to all Members of ITU to accept the part of the convention relating to telegrams and telephone calls, with a note that government privileges should not be accorded to telegrams and telephone calls emanating from the specialized agencies. He understood that some Member Governments of the ITU had accepted the Council's view.

Mr. BEVANS (United States of America) said that the general classification of telegrams and telephone calls to and from WHO as government communications was not within the competence of the Health Assembly. He agreed that the classification for priority purposes was appropriate but felt that to classify them as proposed in paragraph 2 would be going beyond the authority of the Assembly as defined in the Constitution of WHO.

He thought it would be better not to carry forward any of the provisions of former conventions.

The CHAIRMAN, referring to the compromise draft for paragraph 2 (see page 44), which had been suggested as a result of discussions between the two organizations, said that the Special Committee had felt that such communications deserved priority because of their importance from a health point of view.

Mr. TOWNSHEND explained that outgoing communications from WHO could only get priority by means of special arrangements between governments and the private companies concerned and that the proposed text would render such priority possible.

Mr. BEVANS suggested that the second sentence of the proposed text be amended to read :

Any such notification or epidemiological information received or sent by the Organization by telegram or telephone shall, when requested, be entitled to the priority accorded to government telegrams and telephone calls.

Mr. HASELGROVE (United Kingdom) thought that the proposed text offered a solution, but suggested that members of the committee should study it and also hear the views of the Administrative Council of ITU before deciding to include it in the Sanitary Regulations.

*Decision:* It was agreed that further consideration of Article 2 be deferred until the views of the Administrative Council of ITU were known. (Continued in twenty-fourth meeting, section 2.)

### Articles 3 [3] and 4 [4]

It was agreed, on the proposal of the CHAIRMAN, that consideration of the two articles be deferred until the alternative draft text for Article 3 being prepared by the United States delegation—which would also involve amendments to Article 4—had been circulated.

### Article 5 [5]

Dr. DUJARRIC DE LA RIVIÈRE (France) asked what was the definition of "bateaux" in the French text. He considered it unnecessary to use the word, since paragraph (b) of Article 98 provided the solution of the whole problem of sanitary measures to be applied "to international coastal traffic and to international traffic on inland waterways, including lakes".

Mr. HASELGROVE said that his delegation had prepared a memorandum for circulation which

contained suggestions for definitions occurring in the English text.

It was therefore agreed to reconsider the definitions as they arose later in the draft Regulations, in view of the documents being prepared by the United Kingdom and United States delegations respectively.

### **Definition of "Foyer"**

In reply to Dr. DUREN, who felt that the present definitions of "foyer" and "epidemic" were unsatisfactory, the CHAIRMAN explained the difficulties which had been encountered in trying to define "foyer" without also defining "epidemic". He suggested that the latter definition be left vague for the time being, in the hope that a more precise definition could be arrived at during the session. He invited members to submit suggestions.

Dr. DUREN replied that it might be arbitrary, but more accurate, to use numerical data when determining the end of a "foyer" and the start of an "epidemic".

His view was supported by Professor CANAPERIA (Italy).

### **Definition of "Epidemic Diseases"**

Dr. GEAR (Union of South Africa) raised the question of the inclusion of relapsing fever and louse-borne typhus in the Regulations. He accepted the CHAIRMAN's suggestion that discussion of the question should be deferred until the committee dealt with typhus.

### **Definition of "Aircraft"**

The committee accepted the definition of "aircraft".

### **Definition of "Infected Local Area"**

A long discussion took place on the definition of an "infected local area", during which several delegates expressed their views and various suggestions were made.

The CHAIRMAN suggested setting up a small working party to consider the definition in relation to Article 3.

A discussion took place on the terms of reference of the working party, Dr. JAFAR (Pakistan) proposing that it should consider all definitions together while Dr. DUREN suggested that the Chairman's proposal might be widened to include two or three definitions which already appeared to the committee to be important. Dr. DOWLING (Australia) advocated setting up a standing working party to which any definition which gave rise to a difference of opinion could be referred.

It was finally decided to set up a working party of five members to consider the definition of "infected local area" and all its implications in the Regulations.

On the proposal of the CHAIRMAN it was agreed that the working party should be composed of a representative from each of the following delegations: Belgium, India, Pakistan, United Kingdom, United States of America (continued in sixth meeting, section 3).

*The meeting rose at 4.45 p.m.*

## **FOURTH MEETING**

*Wednesday, 11 April 1951, at 9.30 a.m.*

*Chairman: Dr. M. T. MORGAN (United Kingdom)*

### **1. Consideration of Draft International Sanitary Regulations (continuation)**

#### **Article 6 [6]**

The CHAIRMAN recalled that the committee had completed its consideration of Articles 3, 4 and 5, which had been referred to the working party set up to consider the definition of "infected local area".

The committee might proceed to consider Article 6 in principle, though, as it contained a reference to infected local areas, its final form might depend on the decisions of the working party with regard to the other three articles.

*Decision:* Paragraph 1 of Article 6 was adopted unanimously.

### Definition of "Yellow-Fever Endemic Area"

The CHAIRMAN, in connexion with paragraph 2 of Article 6, called attention to the definition in Part I of "yellow-fever endemic area".

Mr. STOWMAN (United States of America) thought that the words "and where its recent occurrence in humans may be detected by appropriate methods" in the definition, though not harmful, were unnecessary. He proposed their deletion.

Dr. BARRETT (United Kingdom), proposed, since *Aedes aegypti* was by no means the only yellow-fever vector, that the word "*stegomyia*" be used in Article 6 and throughout the Regulations, and defined as "*Aedes aegypti* or any other mosquito vector of yellow fever".

Dr. DUREN (Belgium) noted that the definition in question, though referring properly to an endemic condition, i.e., to the presence of yellow fever in humans, laid most stress on its persistence among animals. It was an analytic definition, but it would be possible also to give a synthetic definition, stating only the most important fact, for example; "an area where, periodically and at varying intervals, indigenous cases of yellow fever occur in humans". An analytic definition, on the other hand, might introduce a whole series of elements: first, the three elements in the chain of infection, namely, the reservoir of infection, the transmitting agent and the receiver; secondly, the evidence of the occurrence of the disease; and, thirdly, the degree of permanence. Such an analytic definition might read "an area where *Aedes aegypti* is present; where, at varying intervals and for long periods, indigenous cases of yellow fever occur in human beings, and where the persistence of the virus in humans or in certain animals may be detected by recognized methods".

An analytic definition would be dangerous as some relevant points might be omitted; his delegation therefore preferred the synthetic.

Dr. DUJARRIC DE LA RIVIÈRE (France), supported by the delegate of Egypt, agreed with the United Kingdom delegation that the term "*Aedes aegypti*" was too restrictive, but so was the word "*stegomyia*". The words "transmitting agents of yellow fever" would be adequate.

Dr. BICA (Pan American Sanitary Organization) agreed with the United States delegation that the words "and where its recent occurrence in humans may be detected by appropriate methods" should be

deleted. In view of the difficulty, due to such technical advances as the increasing use of vaccine, of detecting the recent occurrence in humans of the yellow-fever virus, its persistence among animals was a better criterion for determining the boundaries of infected areas.

The reference to *Aedes aegypti* must however be retained as it was the most important vector.

Dr. DUJARRIC DE LA RIVIÈRE felt that the fact that *Aedes aegypti* was the most important vector was irrelevant. The Regulations should take account of all cases together.

After a brief exchange of views, the delegates of France, the Philippines and the United States of America agreed to propose that the words "*Aedes aegypti*" in the definition be replaced by the words "*Aedes aegypti* or any other insect vector of human yellow fever".

Dr. DOWLING (Australia) thought "vectors of yellow fever" satisfactory.

Dr. BIRAUD, Secretary, explained that the existing draft definition, based on the recommendations of the Yellow-Fever Panel, had been intended to provide a clear distinction between urban yellow fever and jungle yellow fever, which latter might be carried by vectors other than *Aedes aegypti* but did not, on the other hand, call for prolonged international action. The proposed changes would destroy that carefully made distinction.

After a further exchange of views, the CHAIRMAN put to the vote the proposal that the first line of the definition of "yellow-fever endemic area" remain unchanged.

*Decision:* The proposal was adopted by 11 votes to 9.

The CHAIRMAN put to the vote the alternative definition proposed by the delegate of Belgium.

*Decision:* The amendment was rejected by 2 votes to 1.

The CHAIRMAN put to the vote the United States proposal to delete the words "and where its recent occurrence in humans may be detected by appropriate methods".

*Decision:* The proposal was adopted by 9 votes to 1.

### Article 6 [6] (continuation)

Mr. HASELGROVE (United Kingdom) wondered what was the origin of the provision in paragraph 2 (c) of Article 6 for a waiting period of 6 months after

completion of measures for the suppression of the epizootic. The period seemed quite arbitrary, and he proposed its deletion, which would of course involve a change in the definition of "infected local area".

Mr. STOWMAN thought that the reference in that paragraph to the completion of measures for the suppression of the epizootic was unduly vague. What was important was not the taking of measures but the suppression itself.

Dr. DUREN supported the proposal by the delegate of the United Kingdom to delete the provision for a waiting period in paragraph 2 (c) of Article 6. He would himself propose similar amendments in the case of the waiting periods provided for in paragraph 2 (b) of the same article, where the maximum estimated incubation period for yellow fever would be a sufficient waiting period. He also wondered whether the Chairman could explain why the period provided for in paragraph 2 (a) was twice the incubation period; it appeared arbitrary.

The CHAIRMAN agreed that the period in the case of paragraph 2 (a) was arbitrary; three times the incubation period might equally well have been decided upon, but twice had seemed reasonable.

Dr. RAJA (India) agreed with the delegate of the United States that it was the suppression and not the taking of measures for suppression that was important. He also wondered whether the six months' waiting period might not be reduced to twice the incubation period, as for the diseases covered by paragraph 2 (a).

Mr. STOWMAN felt that some waiting period should be provided for in paragraph 2 (c) for two reasons: first, because the persistence of an epizootic among rats could not be so thoroughly checked as could cases of plague in humans; secondly—and this also applied in the case of yellow fever—because of seasonal variations which sometimes gave a false impression that an epizootic had been suppressed.

Dr. BRAVO (Chile) agreed with the United States delegation that the reference to completion of measures should be deleted. What was required was a precise definition as in the case of yellow fever and the other diseases. A definite waiting period should be provided for, but it should date from the last diagnosed case of plague.

The CHAIRMAN said that the committee had to take account of two types of situation. A distinction should be made between ports, for example, where plague was endemic with seasonal variations, or in other words chronic, and ports normally completely free. If plague was brought into a port of the latter kind by a ship, an impossible situation would arise where, although the epizootic was suppressed within a few days, the port was regarded, by virtue of paragraph 2 (c), as infected for six months.

Dr. PADUA (Philippines) was in favour of the suppression proposed by the United States delegation, with, however, the addition of a provision to the effect that measures to prevent the reappearance of the epizootic should be continued.

Dr. DUJARRIC DE LA RIVIÈRE agreed that a waiting period of six months was excessive. As to the continuation of preventive measures, however, no regulations could be effective unless governments were to be trusted to do what was necessary.

The CHAIRMAN remarked that the draft Regulations did in fact contain an article providing that signatory governments should take all necessary measures to keep ports free of plague.

He put to the vote a proposal by the delegate of the United States that the words "since measures for the suppression of the epizootic have been satisfactorily completed" be replaced by "since the suppression of the epizootic".

*Decision:* The proposal was adopted unanimously.

The CHAIRMAN put to the vote the proposal of the delegate of the United Kingdom that the words "six months have elapsed since measures for the suppression of the epizootic have been satisfactorily completed" be replaced by the words "when suppression of the epizootic has been achieved".

*Decision:* The proposal was rejected by 11 votes to 5.

The CHAIRMAN called for suggestions as to the waiting period to be provided for.

Dr. JAFAR (Pakistan) wondered how the period of six months in the draft had been reached. Perhaps the Chairman, who had been a member of the expert committee, could throw some light on the question.

The CHAIRMAN could not remember how the period of six months had been decided upon but he remembered that the suggestion of the WHO Expert Committee on Plague (whose report had been studied by the Expert Committee on International Epidemiology and Quarantine) had been one month.

Mr. HASELGROVE formally proposed that the words "one month" be substituted for "six months".

*Decisions:*

- (1) The proposal was adopted by 20 votes to 3.
- (2) The text of paragraph 2 (c), as amended by the proposals of the delegates of the United States of America and the United Kingdom, was adopted by 22 votes to 9.

The CHAIRMAN asked the delegate of Belgium, who had considered that the waiting periods provided for in paragraph 2 (b) of Article 6 were unnecessarily long, what alternative proposals his delegation wished to make.

Dr. DUREN suggested that, purely for the sake of uniformity, the same waiting period as the committee had just adopted in the case of plague, namely one month, should be provided for after the reduction of the *Aedes aegypti* index to not more than one per cent. The waiting period after the occurrence of the last diagnosed human case might be reduced to three months, the probable maximum survival period of *Aedes aegypti*.

Dr. BICA, supported by the delegate of India, suggested that the waiting period after the reduction of the *Aedes aegypti* index to one per cent be two months and, after the last diagnosed human case, six months.

The CHAIRMAN noted that, with regard to the waiting period after the reduction of the *Aedes aegypti* index, there were two alternatives, namely, two months as in the original text and one month as proposed by the delegate of Belgium; in the case of the waiting period after the last diagnosed human case there were three alternatives, namely, one year as in the original text, six months as proposed by the representative of the Pan American Sanitary Organization and three months as proposed by the delegation of Belgium. He therefore put first to the vote the proposal that the words "two months" in paragraph 2 (b) be replaced by "one month".

*Decision:* The proposal was adopted by 12 votes to 6.

The CHAIRMAN put to the vote the alternative proposals regarding the waiting period after the last diagnosed human case.

The result of the vote was as follows:

For three months . . . . .	12 votes
For six months . . . . .	5 votes
For one year . . . . .	1 vote

*Decision:* It was decided that the waiting period would be three months.

Dr. BRAVO wished to make some observations in connexion with the reference to "yellow-fever endemic areas" in paragraph 2 (b). He felt that it might lead to some confusion, as there were areas outside the yellow-fever endemic areas where the yellow-fever virus persisted among animals for considerable periods even when *Aedes aegypti* was not present. The text as it stood might therefore be taken as including as endemic areas regions where epizootic foyers existed or villages and small communities where *Aedes aegypti* existed but which were not included in the yellow-fever endemic areas. Consequently for the sake of precision he suggested that the words "in a yellow-fever epidemic area" be employed in place of "outside a yellow-fever endemic area".

The CHAIRMAN said that the Expert Committee on International Epidemiology and Quarantine had considered a suggestion similar to that of the delegate of Chile, but had found it unsatisfactory since it was extremely important that the first case should be reported. One case was sufficient to constitute an infected area, but the occurrence of a case in a yellow-fever endemic area would make no difference to procedure as the area would be considered as permanently infected. It was unnecessary for the committee to define "yellow-fever epidemic area", as had been done in an earlier draft, since action was to be taken as soon as a single case occurred.

#### Definition of "Aedes aegypti Index"

Dr. BELL (United States of America) proposed that the draft definition be amended to show how the *Aedes aegypti* index was to be determined, and suggested the following wording:

An "*Aedes aegypti* index" means a percentage of all habitations in a given area in which breeding places of *Aedes aegypti* exist.

Dr. DUREN, supported by Dr. BRAVO, suggested that the definition in the draft Regulations would be

acceptable if a phrase such as "or other premises" were inserted. In the English text the words would follow "habitations".

Dr. DOWLING, in supporting the United States amendment, drew attention to the loose wording of the original definition in which—if retained—the words "in a given area occupied by a single family" should be omitted.

Dr. EL-HALAWANI (Egypt), seconded by Dr. JAFAR, proposed that the words "and other vectors of human yellow-fever" should be added after "*Aedes aegypti*" in the last line, so as to include all insect vectors of the disease.

Dr. GEAR (Union of South Africa) recommended that the present definition of the *Aedes aegypti* index be maintained, leaving it to the Drafting Sub-Committee to find a more suitable phraseology. It should be remembered that what was wanted was an index or a measure, not a complete description of all places where vectors of yellow fever might be found.

Dr. BELL, while agreeing to the addition of the words "or other premises" was not prepared to accept a reference in the definition to other vectors.

Dr. DUJARRIC DE LA RIVIÈRE was in favour of leaving the definition as it stood in the text, merely adding a phrase to the effect that the same index could be determined for other vectors, in order to cover the point raised.

The CHAIRMAN explained that the experts, in proposing the definition, had not overlooked the epidemic of yellow fever in the Nubian mountains in which breeding-places of larvae of *Aedes aegypti* had been found in water holes of baobab trees. The definition could not cover all eventualities.

M. GEERAERTS (Belgium) proposed the following wording :

"*Aedes aegypti* index" means the percentage ratio between the number of premises occupied, even temporarily or intermittently, in a given area and the number of such premises in which breeding places of larvae of *Aedes aegypti* are found.

Dr. GEAR argued against any change in the definition, which had been drafted to establish a basis of comparison between different localities.

Replying to Mr. BRILLIANT (United Kingdom), the CHAIRMAN confirmed the view of the Special Committee to be that the wording proposed by the

delegation of the United States did not constitute any change in substance in the definition of "*Aedes aegypti* index"

*Decision:* The Special Committee agreed, by vote, to adopt the substance of the draft definition, on the understanding that the Drafting Sub-Committee would take account of the new wording proposed by the United States delegation. It rejected, by vote, the proposal to add "or other premises" after the word "habitations".

Replying to a question put by Dr. EL-HALAWANI, the CHAIRMAN said that for the purpose of determining the *Aedes aegypti* index, an apartment block occupied by a number of families would constitute as many units as there were families.

#### Article 6 [6] (continuation)

Replying to a further question by Dr. EL-HALAWANI, the CHAIRMAN said that in his opinion there was no need, at the present stage, to make provision in Article 6 for the systematic reduction of rodents, the point being fully covered in Articles 12, 13 and 14.

*Decision:* Article 6 was referred to the Drafting Sub-Committee for consideration in the light of the discussion.

#### Article 7 [7]

Dr. BELL proposed that the words "exclusive of virus for research purposes" should be added after "yellow fever".

*Decision:* Article 7 was referred to the Drafting Sub-Committee.

#### Article 8 [8]

Dr. HEMMES (Netherlands) proposed that the last sentence should be amended to read: "It shall furnish the Organization once a year with a recapitulation of all measures in force, at a date to be fixed by the Organization".

Mr. BRILLANT supported the above proposal. He further suggested that the word "forthwith" should be replaced by "in advance".

Dr. DOWLING suggested that the word "foreign" should be amended to read "international".

Dr. GEAR maintained that Article 8 was redundant. If adopted, it would be an invitation not only to vary international immunization certificates but to

extend certificate requirements to many other diseases.

In the course of discussion, objections to the proposal of the delegation of the United Kingdom were raised by a number of delegations on the grounds that it might lead to interference in domestic legislation.

Mr. BRILLIANT explained that that was in no way the intention of his delegation's proposal; he

suggested that the words "as long notice in advance as may be practicable" might be acceptable.

*Decision:* The Special Committee agreed to the proposals of the delegations of the Netherlands and Australia, leaving it to the Drafting Sub-Committee to consider an alternative phrase for the word "forthwith".

*The meeting rose at 12 noon.*

## FIFTH MEETING

*Thursday, 12 April 1951, at 9.30 a.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

### 1. Consideration of Draft International Sanitary Regulations

#### Article 8 [8] (continuation)

Dr. RAJA (India) proposed that a cross-reference to Article 21 should be inserted in Article 8, in order to draw the attention of countries to the fact that sanitary measures in the Regulations were the maximum measures applicable to international traffic.

Dr. GEAR (Union of South Africa), in supporting the above proposal, suggested that the point could be dealt with under Article 11—suitably redrafted. Article 11 was a general article covering notification of all changes, including immunization. Article 8 was really redundant.

*Decision:* The matter was referred to the Drafting Sub-Committee for consideration in connexion with Articles 11 and 21.

#### Article 9 [10]

Replying to Dr. PADUA (Philippines) who queried the necessity for retaining the words "on request", the CHAIRMAN explained that the procedure was different from that under the International Sanitary Convention, 1926, when notifications were transmitted through diplomatic channels. The Expert Committee on International Epidemiology and Quarantine had considered that diplomatic missions interested in the state of health of a country obtained full satisfaction under the present terms of Article 9.

#### Article 10 [11]

No observations.

#### Article 11

Mr. STOWMAN (United States of America) proposed that Article 11 should be placed earlier in the text, before Article 9, in which case the second paragraph of Article 11 would become redundant.

Professor CANAPERIA (Italy) proposed that the word "measures" in the second line should be completed by the words "provided for in these Regulations".

The proposal was referred to the Drafting Sub-Committee.

Sir Harold WHITTINGHAM, (International Air Transport Association) suggested that the word "immediately" should be replaced by "in advance". In drawing attention to the serious interference with trade and travel and the difficulties experienced by international airlines resulting from new or changed quarantine requirements, he said that, in the case of travel from the Far East (particularly Australia and New Zealand) passengers tended to take the Pacific rather than the Western route owing to the quarantine measures enforced on air passengers travelling on the latter.

Dr. PADUA preferred the text as it stood.

Dr. BELL (United States of America) wished the Drafting Sub-Committee to consider whether all notifications required under the Regulations should not be included in Part II. This was agreed.

*Decision:* The Drafting Sub-Committee was asked to consider an alternative wording for "immediately" in Article 11 on the lines suggested the previous day for "forthwith" in Article 8.

### **Part III — Sanitary Organization, Methods and Procedure**

Dr. BELL, referring to his previous remarks about the need for periodic appraisal of the application of the Regulations and modifications to meet changing conditions, proposed the insertion of an article, to precede Article 12, covering the establishment of an international sanitary council responsible for the regular supervision of the operation of the Regulations and entrusted with the duty of recommending such changes as might be deemed necessary by WHO.

Dr. DUJARRIC DE LA RIVIÈRE (France), seconded by the delegations of Belgium, India and the Netherlands, proposed that the United States proposal should be discussed in connexion with Article 107.

Mr. STOWMAN and Dr. BARRETT (United Kingdom) urged the immediate discussion of the proposal.

At the request of Mr. STOWMAN, Dr. DUJARRIC DE LA RIVIÈRE agreed to amend his proposal to the extent that the judicial character of an international sanitary council should be discussed in connexion with Article 107, but that the establishment of such a council might be discussed under Part III. He expressed some surprise that it was proposed to insert an article on the establishment of a body to review the Regulations in the middle rather than at the end of the text.

*Decision:* The committee agreed, by 11 votes to 10, to defer consideration of the proposal of the United States delegation pending a study of Article 107 (see page 158).

### **Articles 12 to 17**

Mr. HASELGROVE (United Kingdom) introduced the text of two articles which his delegation proposed should replace Articles 12 to 16, and an alternative text for Article 17. He explained his delegation's

view that the provisions of Articles 12 to 16 were too detailed and unlikely to be readily accepted. It was not considered necessary to provide for sanitary seaports; nor should the provisions of former conventions relating to sanitary airports be retained. It should be sufficient to state in the Regulations that seaports and airports should have as far as possible at their disposal adequate medical and sanitary facilities to meet the needs of international traffic.

As regards provisions for deratting, his delegation considered that there should be two kinds of approved ports: one should have available the staff and equipment for inspecting and deratting ships and be empowered to issue both Deratting Certificates and Deratting Exemption Certificates; the other might have merely facilities for inspection and should be empowered to issue Deratting Exemption Certificates only.

The proposed articles read as follows:

#### *Article 12*

1. Each health administration shall as far as possible ensure that ports and airports in its territory shall have at their disposal an organization and equipment sufficient for the application of the measures provided for in these Regulations.
2. In any case there shall be available to the larger ports and airports, in proportion to the importance of their international trade and intercourse, an organized medical service with adequate staff, equipment and premises, and in particular facilities for the prompt isolation and care of infected persons, for disinfection or any other prophylactic measure required by these Regulations, and for bacteriological investigation.
3. There shall be in every port and airport an efficient organization for the destruction of rodents in all port and airport installations. Every effort shall be made to extend rat-proofing to such installations.

#### *Article 13*

1. Each health administration shall ensure that there is available at a sufficient number of the ports in its territory the personnel competent to inspect ships with a view to the issue of the Deratting Exemption Certificates referred to in Article 46 and the health administration shall approve such ports for that purpose.



2. The health administration shall designate a number of the approved ports in its territory, in proportion to the importance of its international trade and intercourse, as having at their disposal the equipment and personnel necessary for the deratting of ships with a view to the issue of the Deratting Certificates referred to in Article 46.

#### Article 17

1. Each health administration shall :

- (a) send to the Organization lists of the approved ports and designated ports in its territory ;
- (b) notify to the Organization any change which may occur from time to time in the lists required by sub-paragraph (a) of this paragraph.

#### New Definitions

“*approved port*” means a port approved in accordance with paragraph 1 of Article 13.

“*designated approved port*” means an approved port designated in accordance with paragraph 2 of Article 13.

The CHAIRMAN wondered whether the committee wished first to discuss the United Kingdom draft amendment or would prefer to begin by considering Articles 12 to 17 in the draft Regulations.

Dr. DOWLING (Australia), as he was strongly in favour of the United Kingdom amendment, wished it to be discussed first.

Professor CANAPERIA did not think that the introduction of the idea of “approved ports” (defined as ports which were competent to issue Deratting Exemption Certificates) would constitute an improvement on the text of the draft Regulations, since it was in the interests of international traffic to have as many ports as possible where such certificates could be issued, and there was nothing to prevent competent persons being sent when needed from larger to smaller ports. For that reason, and because he considered the concept of a sanitary airport in the original text of some importance, he would prefer the draft Regulations to be the basis of discussion.

A discussion took place in which the various delegations stressed the more detailed nature of the provisions in the draft Regulations and Mr. HASEL-GROVE said that he had no wish for the latter to be ignored.

Finally, Dr. DOWLING withdrew his suggestion and it was agreed that Articles 12 to 17 of the draft Regulations be taken as the basis of discussion.

Dr. RAJA said in connexion with Article 12 that a number of definitions were involved, including that of “seaport”.

Mr. BRILLIANT (United Kingdom) called attention to his delegation’s note proposing the deletion of the definition of seaport and certain other definitions, as well as some new and amended definitions.<sup>3</sup> He wondered whether those points should be discussed immediately.

The CHAIRMAN thought that the proposals were perhaps all matters of drafting which might be considered by the Drafting Sub-Committee in the light of the committee’s discussions of the articles at present under consideration.

Dr. DUJARRIC DE LA RIVIÈRE, while approving the introduction of the concept of “sanitary ports”, noted that no definition was provided in Part I of the draft Regulations. Since it was a new concept it ought perhaps to be defined.

Professor CANAPERIA agreed with Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, whose opinion it was that paragraph 3 of Article 12 was in itself a definition of “sanitary ports”.

Dr. DUJARRIC DE LA RIVIÈRE agreed that paragraph 3 of Article 12 was an adequate definition. Some reference to that paragraph should be included

<sup>3</sup> In this note the United Kingdom delegation proposed deletion of the definitions “inland navigation port”, “inland navigation vessel”, “seaport” and “vessel” (this latter term to be replaced by “ship” throughout the Regulations).

New or amended definitions read :

“*arrival*” of a ship, an aircraft, a train or a road vehicle means :

- (a) in the case of a seagoing vessel, arrival at 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, as geographical conditions and agreements among the States concerned, under Article 98 or under the laws and regulations in force in the territory of entry, may determine ;
- (d) in the case of a train or a road vehicle, arrival at a frontier post.

“*port*” means a seaport or an inland navigation port which is normally frequented by ships.

“*ship*” means a seagoing or an inland navigation vessel making an international voyage.

in Part I so that a definition would not be looked for in vain in the list. It was of course a purely drafting point.

Mr. HASELGROVE agreed with the Chairman that the new definitions proposed might be left to the Drafting Sub-Committee.

As to the proposal that a definition of "sanitary ports" be inserted in Part I, the United Kingdom delegation naturally wished for no such definition as it was proposing that the concept be eliminated altogether.

*Decision:* It was agreed that the proposals of the United Kingdom delegation regarding definitions be referred to the Drafting Sub-Committee for consideration in the light of discussions on the relevant articles.

Dr. BRAVO (Chile) thought that in connexion with sanitary airports the definition of "airport" would require re-examination. If, as appeared in Part I, "airport" meant only the landing field and not the local area in which the airport was situated, then, if the requirements for sanitary airports were to be very stringent, very few airports in the world would be able to satisfy them.

The CHAIRMAN asked for the views of the committee on the elimination of the term "sanitary", on the understanding that ports and airports would nevertheless have to comply with the provisions of Articles 12 to 16.

Dr. RAJA wondered whether the elimination of the term "sanitary" would not necessarily involve the elimination of the relevant articles in the text of the draft Regulations.

The CHAIRMAN was of the opinion that ports could comply with the provisions of Articles 12 to 16 without necessarily being called "sanitary".

Dr. VAN DE CALSEYDE (Belgium) thought that to eliminate the term "sanitary" and retain Articles 12 to 17 would imply that small fishing ports had to comply with all the provisions, which would be impossible.

Mr. HASELGROVE said that the concept of "sanitary port" was new and in the opinion of the United Kingdom delegation unnecessary. It was felt that instead of certain ports being set aside as required to fulfil certain conditions, criteria should be prescribed applicable to all ports in proportion to the volume

of traffic passing through them. That was provided for in the United Kingdom draft Article 12, paragraph 2, which stipulated the facilities that must be provided in the "larger ports and airports".

Professor CANAPERIA thought that the essential point was not whether ports were to be called "sanitary", as in the draft Regulations, or "approved", as in the proposed United Kingdom amendment but whether they were to have the facilities to fulfil the requirements of the Regulations.

Mr. HOSTIE thought that the question of omitting or retaining the word "sanitary" was not merely one of name, since some articles of the Regulations, for example Article 71, were specifically applicable to sanitary airports.

Dr. DOWLING could still see no point in retaining the word "sanitary". The United Kingdom draft supplied definitions of two kinds of port and set out the relevant requirements. The more detailed requirements in the draft Regulations could not possibly be fulfilled in certain countries because of geographical conditions.

Dr. VAN DE CALSEYDE thought that whether the word "sanitary" was to be retained would depend on whether Article 12 of the draft Regulations was or was not to be replaced by the United Kingdom draft.

Dr. RAJA said that the term "sanitary airport" had been used in the past and caused no difficulties. The present proposal was merely to extend the term "sanitary" to seaports.

Dr. EL-FAR Bey (Egypt) wished the term "sanitary" to be retained to maintain the distinction implied by the use of the term "specified airports" in Article 71.

Mr. HASELGROVE wondered whether the committee fully appreciated the implications of the use of the term "sanitary" in Article 12. Certain seaports and airports were to be set aside under a special name and the facilities that must be provided in them were specified in detail in the following articles. The United Kingdom delegation thought it better that the Regulations should define in general terms the responsibility of national authorities in the matter of facilities to be provided in ports to be used internationally. Many of the requirements set out in Articles 13 to 15 of the original text could not

possibly be fulfilled in many ports, and the result would either be a large crop of reservations or considerable impediment to international traffic.

He felt that if the Regulations were framed as in the United Kingdom draft, the national authorities would in general do what was required wherever it was practically possible.

Dr. BRAVO thought that if certain ports were to be qualified as "sanitary", their qualifications might well be different from those of airports. With regard to the latter, if they were to be considered simply as landing fields, it might be impossible to fulfil these requirements. He therefore insisted once more that the definition in Part I of "airport" should be made more precise.

Professor CANAPERIA felt that considerable confusion had arisen in the discussion. While the term "sanitary port" was new, the idea had appeared before in Article 14 of the International Sanitary Convention, 1944, which required governments to undertake to maintain in their larger ports and the surrounding areas, and as far as possible in other ports and the surrounding areas, sanitary services adequately equipped to apply the prophylactic measures described by the convention.

That provision, in his opinion, constituted a definition of "sanitary port"; it also met the point raised by the delegate of Chile as it referred not only to ports but also to the surrounding areas.

He wished to stress once more that it was not the name, but the provision of the required facilities, which was important.

Dr. VAN DE CALSEYDE asked the Secretary to explain why the expert committee had introduced the concept of the "sanitary port".

Dr. BIRAUD, Secretary, said that the main reason had been that it had seemed useful for national health authorities to know what sanitary facilities existed in the ports and airports of other countries. Hence the expert committee had decided both to define the requirements in the matter of facilities and also to designate by a special name the ports fulfilling those requirements. The requirements would not necessarily have to be fulfilled in all ports of whatever size, and he felt that a compromise might well be possible between the United Kingdom proposal, whereby requirements would be flexible and varied according to the size of the port, and the concept of establishing a special standard and a special name for ports conforming to that standard.

The CHAIRMAN suggested that the discussion on the United Kingdom proposals be closed for the time being. (For continuation, see sixth meeting, section 4).

## **2. Establishment of a Working Party to consider the Proposal of the Delegation of the United States to establish an International Sanitary Council**

The CHAIRMAN said it had been suggested to him that, as the United States proposals with regard to the establishment of an international sanitary council were to be further considered when the committee came to discuss Article 107 of the draft Regulations, a working party might be set up to study them in detail in the meantime. He proposed that the working party should be composed of the delegates of Egypt, France, Italy, the Netherlands, the United Kingdom and the United States of America.

*Decision:* The Chairman's suggestion was adopted unanimously.

*The meeting rose at 11.45 a.m.*

## **SIXTH MEETING**

*Friday, 13 April 1951, at 9.30 a.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

### **1. Second Report of the Sub-Committee on Credentials**

Dr. PADUA (Philippines), Rapporteur of the Sub-Committee on Credentials, introduced the second report of that sub-committee (see page 269) which was adopted unanimously.

### **2. Proposal of the Delegation of the United States to establish an International Sanitary Council (continuation from fifth meeting, section 2)**

Dr. DUJARRIC DE LA RIVIÈRE (France), recalling that a working party had been set up to consider

the proposal of the United States delegation to insert in Part III of the draft Regulations a further article relating to the provisions of Article 107, introduced a document containing a modified draft of Article 107 (see page 283) which his delegation wished also to be taken into consideration by the working party.

The CHAIRMAN suggested that the proposals of the United States and French delegations should be considered at the same time by the working party, together with a memorandum on Article 107, submitted by the Director-General (see page 152).

*Decision:* The Chairman's suggestion was adopted unanimously.

### **3. Report of the Working Party on the Definition of "Infected Local Area"**

Dr. JAFAR (Pakistan) introduced the report of the working party (see page 285).

The CHAIRMAN suggested that the report be approved and remitted to the Drafting Sub-Committee. It might be left open to members to discuss the suggested use of the term "yellow-fever endemic zone" when the committee came to consider the relevant articles of the Regulations.

Dr. VAN DEN BERG (Netherlands), noting that the report stated that the working party had considered the definition of "local area" and was remitting some observations on it to the Drafting Sub-Committee, saw no indication that the suggestion of the Netherlands delegation regarding the notification to WHO of local areas established by national authorities had been referred to in those observations. He therefore reserved the right to raise the matter again when the report of the Drafting Sub-Committee was considered.

Mr. CALDERWOOD (United States of America), speaking as Chairman of the Drafting Sub-Committee, said that that sub-committee had been informed the day before that the working party had made some suggestions with regard to the definition of "local area". It had been agreed that the Drafting Sub-Committee was not competent to consider the suggestions until they were passed to it by the Special Committee.

The CHAIRMAN observed that in any case it was not in the terms of reference of the working party to discuss the definition of "local area", which had

been previously remitted to the Drafting Sub-Committee.

Dr. DUREN (Belgium) informed the committee that although the working party had taken into consideration his delegation's proposal to delete the reference to yellow-fever endemic zones from the definition of "infected local area", he wished to raise the matter again during the general discussion of the chapter on yellow fever (see fourteenth meeting, page 101).

*Decision:* It was agreed that the report of the working party be referred to the Drafting Sub-Committee.

### **4. Consideration of Draft International Sanitary Regulations**

#### **Articles 12 to 17 (continuation from page 52)**

Dr. BELL (United States of America) said that his delegation agreed in principle with the United Kingdom's proposals (see page 52) in so far as they related to seaports, but that requirements as regards airports were fundamentally different, firstly because the risk of exposure to disease was not the same in both cases, and secondly because the rapidity of air travel destroyed what had been one of the basic factors in successful control of epidemic diseases in the past. He recognized that the detailed provisions of the draft Regulations might be inapplicable where there were many seaports of varying sizes, but he felt that real benefits would be derived from the establishment of a separate category of sanitary airports, and therefore proposed that the United Kingdom delegation modify its suggestions accordingly. Redrafting by the United Kingdom delegation might take several days, and for the moment the discussion might be confined to principles.

Dr. BJØRNSSON (Norway), speaking as a representative of a seafaring nation whose ships called in ports all over the world, in many of which sanitary provisions were known to be inadequate, was in favour of retaining the category of sanitary ports. It would help towards that final repression of epidemic diseases which would make regulations unnecessary, because countries would have an interest in making their ports "sanitary" as soon as possible, since trade would centre on such ports.

Mr. HASELGROVE (United Kingdom) said that his delegation had been impressed by some of the remarks made but felt that their purport, while having great merit, might not be fully acceptable to the committee.

His delegation therefore accepted the suggestion of the United States delegation that the proposals be reconsidered. He hoped that the debate would continue so that any further views expressed might also be taken into consideration.

Dr. RAJA (India) said that, provided the provisions respecting sanitary airports, which existed in previous agreements and had given no trouble, were retained, his delegation recognized the force of the United Kingdom argument regarding the difficulty of applying all the proposed provisions with regard to sanitary seaports.

Dr. DUJARRIC DE LA RIVIÈRE, while agreeing that it was greatly to be desired that all ports and airports should one day be supplied with all necessary sanitary equipment, thought that, meanwhile, from a purely epidemiological point of view, the draft Regulations constituted a great advance. He agreed with the United States delegation that the value of establishing a category of sanitary airports had not been fully recognized in the United Kingdom proposals and he was in favour of a modification of those proposals by the United Kingdom delegation on the lines suggested by the delegate of the United States.

Mr. LARSSON (Sweden) thought that, pending the introduction of facilities for the control of epidemic diseases at all ports, it would be well to establish a category of ports where the existence of such facilities was assured.

Dr. VAN DE CALSEYDE (Belgium) said that his delegation was prepared to help the United Kingdom delegation to revise its proposals by submitting the views of the Belgian delegation in writing.

Mr. HASELGROVE gladly accepted the offer and hoped that other delegations would also express their views as soon as possible either in writing or at the present meeting.

Dr. EL-HALAWANI (Egypt) wondered whether paragraph 1 of Article 12 of the draft Regulations implied that every vessel or aircraft was required to call first at a seaport or airport designated as "sanitary".

The CHAIRMAN did not think that that was the intention of the paragraph.

Dr. EL-HALAWANI felt that there was a fundamental difference in the points of view regarding the articles in question. Certain countries which considered

themselves immune from epidemics were not interested in restrictions, while others, subject to frequent epidemics, were naturally apprehensive. Hence the draft Regulations did not provide for every case; he hoped that some adjustment would be possible.

Dr. GEAR (Union of South Africa) recognized the force of the arguments put forward by many delegates, but recalled the remarks of the delegate of Australia at the previous meeting to the effect that such questions as sanitary conditions in the areas surrounding ports were the concern of national governments and not a matter for international regulations. Still, it was certainly within the competence of WHO to use its influence to encourage governments to improve such conditions, and perhaps a resolution on those lines, separate from the Regulations themselves, could later be drafted for submission to the World Health Assembly.

Dr. BELL supported the suggestion that such a resolution be drafted.

With regard to the points raised by the delegates of Norway and Sweden, he agreed, naturally, that the highest standards of sanitation in seaports were desirable; but there was nothing in the draft Regulations to indicate that any benefit would be derived from the establishment of a separate category of seaports designated as sanitary ports, whereas Articles 37, 38, 39 and possibly 36 contained provisions giving point to the establishment of the category of sanitary airports. Unless, therefore, such provisions in the case of seaports were to be inserted later, he thought that the Regulations need contain no more than a recommendation that high sanitary standards be maintained in seaports.

Dr. RAJA agreed that WHO might use its influence to encourage improvement in sanitary standards in ports, but as to the point raised by the delegates of the Union of South Africa and Australia, that the articles in question encroached on matters properly within the competence of national authorities, he observed that the Regulations, which the committee had met to frame in co-operation, were themselves infringements of sovereign rights. He did not therefore feel that paragraph 4 of Article 15, for example, could be thrust aside on such an argument, particularly as it had been adopted by the Expert Committee on International Epidemiology and Quarantine.

Dr. DOWLING (Australia) thought that the delegate of the Union of South Africa had stated a very

important principle. The draft Regulations as they stood—he was thinking in particular of Article 13—contained many detailed prescriptions, such as those concerning facilities for immediate vaccination, which would in many cases be quite inapplicable. The result would be that many reservations would be made and that many provisions would be ignored altogether.

Dr. DUJARRIC DE LA RIVIÈRE thought that the provisions in question were intended as a maximum.

The CHAIRMAN thought that the word maximum in Article 21 must be taken as referring to the extent to which traffic might be interfered with and not to the facilities which might be provided. Obviously there would be no objection to governments providing more facilities than prescribed in the Regulations.

He asked the delegate of the Union of South Africa to present a paper setting forth the views which he had expressed, to which Dr. GEAR agreed.

It was agreed to close the discussion of Articles 12 to 17.

## Article 18

Mr. HASELGROVE thought that the expression “inland navigation” in Article 18 was obscure, and that what was meant was “inland navigation vessels”.

It was agreed to refer the question to the Drafting Sub-Committee.

## Article 19

Dr. VAN DE CALSEYDE proposed that, for the sake of uniformity, the expression “to avoid as far as possible”, used in paragraph 4 (a) of Article 46, be employed in place of “not to cause” in paragraph 1 (a) of Article 19.

Dr. BARRETT (United Kingdom) wished in the same paragraph to add the word “undue” before the word “discomfort” since a certain amount of discomfort in such circumstances was unavoidable.

Dr. DUJARRIC DE LA RIVIÈRE could not accept the change suggested by the Belgian delegation. In no circumstances should disinfection be injurious to the health of anyone. He wished to see the United Kingdom suggestion adopted.

Professor CANAPERIA (Italy) noted that in the article under consideration a reference to disinsecting and deratting appeared for the first time in the Regulations, but the articles dealing with disinsecting contained no provisions as to the methods to be employed. In the case of deratting, the Deratting Certificate appended to the Regulations did, however, provide for a statement of the method employed. As the disinsecting and deratting methods employed by certain nations might not be universally acceptable, it was important that standard practices, recognized as valid everywhere, should be included in the Regulations.

Dr. BIRAUD, Secretary, explained that the Expert Committee on International Epidemiology and Quarantine had not recommended any definite provision with regard to methods of disinsecting in view of the rapidity of developments in techniques, which might necessitate constant modification in a set of Regulations intended to remain in force for a considerable period. It had been the intention of the expert committee that recommended practices should be given as a supplement to the Regulations.

Dr. GEAR, supported by Mr. STOWMAN (United States of America), proposed either the deletion of the last sentence of paragraph 2, or modification of the wording, to imply that no article, however small its value, could be destroyed except by permission of the owner.

Dr. DUREN agreed with the United Kingdom proposal to add “undue” after “discomfort” in paragraph 1 (a). With regard to paragraph 1 (b), he proposed that the text should be re-drafted to bring it into line with paragraph 4 (a) of Article 46, namely, “to avoid as far as possible damage...”.

Dr. EL-HALAWANI also supported the amendment of the United Kingdom delegation.

In connexion with disinsecting practice, he recalled the recommendations of the International Air Transport Association that accepted formulae of insecticides, dosage and technique of usage should be published as an annex to the Sanitary Regulations.

Dr. DUJARRIC DE LA RIVIÈRE agreed about the need for harmonizing the wording of paragraph 1 (b) of Article 19, and paragraph 4 (a) of Article 46 concerning possible damage caused to vessels in deratting and disinfection operations. He expressed

some concern about the legal implications of paragraph 2 as worded in the French text.

Dr. BARRETT preferred the wording of paragraph 1 (b) to remain unchanged. No risk should be taken with the fragile navigation control and other instruments in aircraft or ships. He had no objection to the deletion of the last sentence in paragraph 2.

Some discussion took place on a point raised by Dr. REID (Canada) to the effect that disinfection operations sometimes necessitated operations, such as the breaking down of locked doors on ships, which might be interpreted as causing damage to the structure of a vessel and therefore constituting an infringement of Article 19.

Dr. DOWLING suggested that the wording of paragraph 1 (b) should be qualified to meet the views of the delegate of Canada.

Dr. BELL and Mr. HASELGROVE maintained that the provisions of the article should be mandatory in so far as the operating equipment of a vessel and aircraft was concerned.

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, was definitely of the opinion that the breaking down of a door could not be considered as an infringement of Article 19, which was limited to the effect of the actual disinfection procedure. He further pointed out a discrepancy between the English and French texts of the article.

*Decisions:* The committee agreed :

- (1) to add the word "undue" after "discomfort" in paragraph 1 (a) of Article 19, the French text to be adjusted accordingly ;
- (2) that the French text of paragraph 1 (b) should be brought into line with the English wording ;
- (3) to delete the last sentence of paragraph 2.

## Article 20

Dr. DOWLING proposed the deletion of the words "free of charge" in both paragraphs. He also drew attention to the loose wording of the last phrase in paragraph 2 which, in his view, should either be deleted or modified to provide for the issue of a certificate to any one party, specifying the measures applied to his goods.

On a vote being taken, the proposal to delete the words "free of charge" was rejected.

A further vote resulted in rejection of the proposal to delete the last clause in paragraph 2.

The committee agreed, by vote, to a proposal of Mr. BRILLIANT (United Kingdom) that the issue of a certificate be restricted to the sender, the receiver, or the agent of either, and referred the proposal to the Drafting Sub-Committee.

## Definition of "Health Authority"

A proposal of the United States delegation to define "health authority" as the "smallest administrative unit immediately responsible for the application of the sanitary measures provided for in the Sanitary Regulations" was referred to the Drafting Sub-Committee for consideration in connexion with the definition of "local area".

## Part III — Sanitary Organization, Methods and Procedure

The CHAIRMAN invited Sir Harold Whittingham to make a general statement on Part III.

Sir Harold WHITTINGHAM (International Air Transport Association) raised the question of including other than "convention diseases" in the new International Sanitary Regulations. After a brief reference to the ideals of the International Air Transport Association, namely, to facilitate the commerce of aviation so as to attain the maximum of speed in travel, transit and turn-round, he drew attention to the importance of the good health of aircrews. IATA would like to see the maximum of hygiene and the minimum of immunization, quarantine and documentation, which tended to embarrass and delay commercial aviation. It was important that there should be a high standard of hygiene and sanitation at all international airports and transit areas, at least on main trunk routes, to obviate delay in services owing to preventable illness. That necessitated local control, not only of the "convention diseases" but also of such conditions as dysentery, food-poisoning and gastro-enteritis. If the necessary sanitary measures could not be included in the new Sanitary Regulations, he urged that the matter be considered by WHO at an early date. He had gained the impression from the discussions that measures regarding the hygiene and sanitation of airports would be left in general terms only for application "as far as possible" by the health authority concerned. The International Air Transport Association feared that airport authorities would jump at an opportunity to cut expenses in connexion with hygiene and sanitation.

Dr. DUJARRIC DE LA RIVIÈRE thought that it would be of great value if airports could be properly equipped for the treatment of aircrews.

Dr. EL-HALAWANI stressed the importance of providing sanitary airports and seaports for aircraft and ships arriving from another territory.

Speaking of diseases other than "convention diseases", he explained that malaria had again crossed the Egyptian borders through the introduction of *Anopheles pharaoensis*, which attacked humans in the absence of cattle, and mentioned *Anopheles gambiae* as the cause of the recent spread of malaria epidemics. For that reason it was important to take account of diseases such as malaria which broke out in epidemic form and might prove to have even more serious results than some of the "convention diseases".

After the CHAIRMAN had explained that the present committee was competent to take action only in the matter of certain diseases, the committee asked Sir Harold Whittingham to prepare a resolution, in consultation with the Secretariat, to be submitted to the Special Committee, for eventual reference to the World Health Assembly.

#### **Amendment to Article 3 [3] proposed by the Delegation of the United States of America**

Dr. HEMMES (Netherlands) made the following comments on the amendment proposed by the delegate of the United States to Article 3 (see page 42):

(a) the committee, when discussing paragraph 2 (c) of Article 6, had reduced from six months to one month the period which was to elapse between the suppression of a plague epizootic and the declaration that the local area concerned was free from infection (see page 49);

(b) the United States amendment to paragraph 1 (a) would mean that a health administration was required to notify to WHO by telegram only the first case of cholera, plague, yellow fever or smallpox occurring in a local area in its territory, no provision being made for similar telegraphic notification of subsequent first cases occurring in other local areas;

(c) the Netherlands delegation would request clarification of the term "city airport";

(d) the terms "location" and "area" appearing in the amendment should be replaced by "local area".

Dr. DUREN thought that it would be preferable to replace the sentence "Each first case notified shall be confirmed by laboratory methods as far as resources permit" by a statement along the following lines: "Each first case notified shall be verified by laboratory methods, as far as resources permit, and if necessary shall be the subject of a subsequent confirmation or otherwise". Thus, health administrations would have the added obligation of notifying WHO of the result of laboratory tests.

Referring to the last sentence in paragraph 3 of the United States proposal, his delegation thought that a time limit not exceeding the period provided for in Article 6 should be fixed for notification of the absence of cases.

Mr. STOWMAN agreed to the proposed amendments of the delegate of Belgium.

*Decision:* The United States proposal for Article 3, as amended by the delegate of Belgium, was adopted, subject to alteration of paragraph 1 in accordance with the suggestions of the working party set up to consider the definition of "infected local area" (see page 285).

*The meeting rose at 12 noon.*



## SEVENTH MEETING

*Saturday, 14 April 1951, at 9.30 a.m.*

*Chairman: Dr. M. T. MORGAN (United Kingdom)*

# 1. Consideration of Draft International Sanitary Regulations (continuation)

## Title of Part IV: Provisions applicable to all Epidemic Diseases

Dr. BELL (United States of America) reserved his delegation's position with regard to the wording of the title of Part IV.

### Article 21 [23]

M. MASPÉTIOL (France) said that Article 21, laying down that the provisions in the draft Regulations were the maximum that a State could impose, was the keystone to the Regulations. It was important that the wording of the article should be as clear as possible and that its interpretation should be decided upon in plenary meeting.

Furthermore, the draft Regulations contained two categories of provisions: maximum measures which a State could impose on travellers, and other provisions relating to internal organization, such as those in Article 12, paragraph 3, on sanitary ports and airports. It might be advisable to specify that Article 21 applied to the former only.

It remained also to be decided whether in circumstances of exceptional danger States might not be permitted to exceed temporarily the maximum measures laid down in the Regulations.

If Article 21 applied to the Regulations as a whole and not to Part IV alone, it should be placed either at the beginning or at the end of the text.

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, in reply, said: (1) that the text of Article 21 drew a sufficiently clear distinction between permissive and imperative measures by the words "measures permitted"; (2) the question as to whether countries might exceed the maximum of permissive measures in exceptional circumstances was a question of substance and would involve the drafting of a new text; (3) the words "by these Regulations"

made it quite clear that the provisions of the article were applicable not only to Part IV but to the whole text.

Dr. PADUA (Philippines), in supporting the views expressed by the delegate of France, added that the second sentence of Article 21 was couched in too drastic terms, and proposed that it be along the following lines:

Any measure in excess of this maximum, if deemed necessary, shall be submitted to WHO for approval before the same is enforced.

Dr. VAN DEN BERG (Netherlands), while agreeing with the interpretation given by Mr. Hostie, suggested that, in order to avoid any misunderstanding, the article should be placed elsewhere in the Regulations.

Replying to Dr. EL-HALAWANI (Egypt), the CHAIRMAN said that reservations to any article would have to be referred to the Health Assembly for consideration under the procedure set forth in Article 101.

Dr. DOWLING (Australia) agreed with the previous speakers about the place of Article 21 which he felt would be more appropriately placed at the end of the Regulations. In his view, the article as drafted was far too rigid and should be qualified by some permissive element in order not to deprive national governments of any liberty of action. For instance, it was quite conceivable that some new discovery might lead to vastly improved methods for dealing with one or more of the epidemic diseases.

Mr. HASELGROVE (United Kingdom) maintained that the very object of the Regulations would be defeated if there was any modification of the idea that measures laid down therein were maxima.

Dr. GEAR (Union of South Africa) said that, first, the Regulations were intended to apply to international travel and not to conditions within

the administrative area of a State—thus a State was free to deal with any emergency within its own borders as it thought fit ; secondly, the Regulations were being drafted under the Constitution of WHO, Article 28(i) of which provided for the Executive Board “to take emergency measures within the functions and financial resources of the Organization to deal with events requiring immediate action. In particular it may authorize the Director-General to take the necessary steps to combat epidemics...” Therefore sufficient provision was made in the Constitution for necessary action in the case of emergencies. Any modification of the principle of maximum measures would defeat the aim of the Regulations.

Dr. RAJA (India) supported the views of the delegations of the United Kingdom and the Union of South Africa.

M. GEERAERTS (Belgium) thought it clear that the maximum provisions of Article 21 were applicable to the whole body of the text.

The CHAIRMAN queried whether the word “all” in the title of Part IV should not be omitted in view of the definition of “epidemic diseases”.

Professor ALIVISATOS (Greece) said that the Regulations should clearly state that any measures imposed in excess of the maximum laid down constituted a violation of the Regulations, except when a country was threatened by a very serious danger. In that case, however, some way must be found of preventing each individual country from acting as it thought fit and laying itself open to the accusation of violating the Regulations when forced by circumstances to take certain steps.

Mr. CALDERWOOD (United States of America), proposed, in order to make the provisions of the article less rigid, an entirely new wording for Article 21, and an additional article to follow it, which he read :

#### *Article 21*

1. The sanitary measures permitted by these Regulations are the maximum measures, applicable to international traffic, which a State may require for the protection of its territory against epidemic diseases except in the event of unusual danger to the public health.

2. A State desiring, in the event of unusual danger to the public health from any cause, to require with respect to international traffic sanitary measures additional to those permitted by these Regulations shall do so only after the head of the health administration of that State has formally determined that such measures are necessary.

3. The health administration making such determination shall immediately transmit by telegram a full report thereof to the Director-General, setting forth the basis for its determination and details as to the scope and effect of the measures to be taken pursuant to that determination. The health administration shall thereafter make such further reports as the Director-General may request.

#### *New Article 22*

1. Upon the receipt by the Director-General of notification of any determination, given pursuant to Article 21, the Director-General may forthwith make such inquiries as he considers appropriate, and, at the request of any State concerned, may dispatch competent public-health personnel to that State to study relevant conditions in that State and to report thereon promptly to the Organization. The Director-General shall forthwith transmit by telegram the results of such inquiries and investigations to all States to which these Regulations apply.

2. Should the Director-General, on the basis of such inquiries or investigations, consider it necessary he shall forthwith convene the appropriate body of the Organization and lay the matter before it. After consideration of all relevant data, the body which considers the matter shall promptly report its findings to the Director-General and make such recommendations as it considers appropriate.

It was later agreed that the United States proposal should be submitted for circulation before further detailed consideration took place thereon.

Dr. EL-HALAWANI, in view of the provisions of Article 101, proposed the deletion of Article 21.

Dr. DUJARRIC DE LA RIVIÈRE (France) thought that, in certain circumstances, countries could exceed the provisions of the Regulations, subject to communication to WHO of the action taken. However, the United States proposal that measures taken by a State should be referred to the head of an international organization might constitute an infringement of national sovereignty. He wished for the opinion of a legal expert on that point.

Dr. DOWLING welcomed the compromise proposal of the United States delegation, and suggested certain drafting modifications.

Dr. GEAR did not consider that the United States proposal could be discussed in view of the terms of resolution WHA2.15 which clearly set forth the principle that the requirements of the Regulations should not be exceeded. He asked whether the committee was competent to consider the entirely new concept of a WHO mission visiting national areas to determine the effect of measures applied in an emergency situation by a national administration. He again maintained that any interference with the principle of maximum measures would destroy the whole intention of the Regulations. Moreover the Regulations, which were designed to cover international traffic, in no way interfered with the rights of countries to take what measures they chose to deal internally with emergencies. He urged the committee to give serious consideration to a matter of such fundamental importance in the light of its implications for public health and international traffic.

Mr. HOSTIE, replying to the remarks of the delegate of France, said that the general principle governing all treaties was that undertakings freely conceded by a State were not derogatory to sovereignty but were the very exercise of it. He understood the United States proposal as a procedure intended to smooth out difficulties arising from an unusual situation, so as to reconcile the interests of States confronted therewith with the general interest of world traffic and intercourse.

Mr. CALDERWOOD could not agree with Dr. Gear that the committee was bound by any action of the Health Assembly, which was free to accept or reject the new set of draft Sanitary Regulations.

Dr. BIRAUD, Secretary, asked for clarification in regard to the area or areas to which it was proposed to send a mission of inquiry—whether to the infected country or to that which had imposed measures exceeding the provisions of the Regulations. In the former case, it was doubtful whether such a mission would be welcome and whether the infected country would not demand that all States should comply with the maximum provisions of the Regulations. For example, at the time of the outbreak of cholera in Egypt in 1947 many countries imposed excessive

measures and it would have been out of order to send a mission of inquiry into Egypt where the situation was perfectly clear.

Dr. RAJA speaking on a point of order, wondered whether the committee was justified in ignoring the instructions of the Health Assembly in regard to maximum requirements. It was a dangerous precedent to assume that the Special Committee, set up by the Health Assembly, could frame its own rules and go beyond the instructions of the Assembly.

Dr. DUJARRIC DE LA RIVIÈRE agreed that the point raised by the Secretary should be made perfectly clear. There was a danger that, if countries were allowed to exceed the maximum in certain circumstances, some might take excessive measures, but WHO would be informed and any complaining country could bring the case before a special body.

Mr. BEVANS (United States of America) proposed that a working party should be set up to consider the legal implications of his delegation's proposal.

Dr. VAN DEN BERG suggested that a working party should likewise consider the terms of reference of the Special Committee.

Mr. HASELGROVE thought that the conception of international regulations had always been that their provisions should constitute a maximum: it was now proposed to depart from that conception. He considered, therefore, that the committee should reach agreement on that issue before any decision was taken regarding the setting-up of a working party.

The CHAIRMAN's suggestion that the establishment of a working party be resorted to only if, after circulation of the United States proposal, rapid agreement proved impossible, was adopted.

## Article 22 [24]

Mr. BEVANS read out a further paragraph which his delegation wished to see inserted in Part IV:

Each health administration shall apply appropriate preventive measures for the control of epidemic diseases whenever and wherever such diseases are present within its jurisdiction, espe-

cially in its seaport and airport cities and the vicinity thereof.

It was agreed that the paragraph in question be considered after it had been circulated.

Mr. HASELGROVE proposed that the word "any" in the second line of Article 22 be deleted.

*Decision:* Article 22 was remitted to the Drafting Sub-Committee.

## Article 23 [27]

Dr. BELL (United States of America) announced that his delegation intended to submit an amendment to Article 23. Since, however, it was only a drafting matter the substance of the article could be discussed at once.

The CHAIRMAN, in reply to remarks made by the delegates of Greece and Egypt, suggested that the committee proceed with its discussion of Article 23, on the understanding that any conclusions reached might have to be modified in the light of subsequent discussions of Article 62. It would be preferable, as far as possible, to take the articles in the order in which they were set out.

Professor CANAPERIA (Italy) wondered whether the words "health authority" in the first sentence of Article 23 referred only to health authorities of the country in which a person had been placed under surveillance or whether it also included those of any country to which he might proceed. Were the health authorities of the first country to notify those of the second?

The CHAIRMAN said that such notification between countries was in fact the normal procedure.

*Decision:* Article 23 was adopted subject to drafting changes to be proposed by the United States delegation.

## Article 24 [28]

Dr. DOWLING, supported by the Philippine delegation, feared that Article 24 as it stood might make it impossible for national health-authorities to provide protection against dangerous diseases other than the six with which the Regulations were specifically concerned.

He noted that no definition was provided of "free pratique" which he believed was differently interpreted in different countries. In his country it implied complete freedom of movement for passengers and crew and that would be quite unacceptable with regard to protection against other diseases than those covered by the Regulations, such as measles, which in the Australian dependency of New Guinea was as serious a threat as smallpox elsewhere.

Professor ALIVISATOS informed the committee that, since the International Convention for Mutual Protection against Dengue Fever, 1934, was still in force, and since the disease in question was a serious threat to Greece, his delegation considered that it was included among the exceptions provided for by the words "Except in case of grave emergency".

Dr. RAJA said, with reference to the remarks of the Australian delegate, that there would presumably be no objection to individual countries taking special measures under national legislation for protection against diseases not covered by the Regulations.

The CHAIRMAN agreed with the delegate of India. According to his own interpretation of Article 24, health authorities would be permitted to take any action they liked with regard to persons so long as they did not delay the movements of the ship or aircraft.

Dr. DOWLING replying to the delegate of India, said that Article 24 as worded did in fact refer to diseases other than the six to which the Regulations were to apply.

He agreed with the interpretation of the article given by the Chairman, but said that the connotation of "free pratique" accepted in Australia implied far more.

Mr. HASELGROVE accepted the Chairman's interpretation; there was no intention to limit quarantine measures against passengers, but only to prevent delays in the movement of ships and aircraft, which were to be free to carry out such necessary operations as taking on cargo.

If, however, the term "free pratique" was in any way equivocal, a more exact phrase should be employed instead.

Professor CANAPERIA objected to the phrase "Except in case of grave emergency" since "free pratique" was not to be refused even in the case of epidemic diseases.

After some further discussion, Mr. BRILLIANT (United Kingdom) suggested that, as it seemed impossible to define the term "free pratique" to the satisfaction of all delegations, Article 24 be reworded as follows:

Except in case of grave emergency, the health authority for a port or airport shall not on account of any other communicable disease prevent a ship or aircraft which is not infected with an epidemic disease, or suspected of being so infected, from discharging or loading cargo or stores or taking on fuel or water.

M. MASPÉTIOL thought it would be preferable to retain the term "free pratique" and provide a definition.

Mr. HOSTIE preferred the solution suggested by the United Kingdom delegation since in other articles of the Regulations the term was used in a sense less restrictive than the committee wished it to have in Article 24.

M. GEERAERTS thought that, if the United Kingdom suggestion was adopted, it might not be so easy to find an equivalent formula in the case of other articles.

The CHAIRMAN thought that the committee might accept the United Kingdom's suggestion and face difficulties arising in connexion with the other articles when those articles were discussed.

In connexion with a point raised by the delegates of the United States of America and Australia, he did not think it necessary to state specifically that national regulations could make separate provisions with regard to the bringing ashore of infected food-stuffs and pests.

Dr. BELL thought that "unusual danger to public health" would be more precise than "grave emergency".

The CHAIRMAN approved the suggestion, which he thought would meet the point raised by the delegate of Italy.

*Decision:* Article 24 was remitted to the Drafting Sub-Committee for redrafting in accordance with the suggestions of the United Kingdom and the United States delegations.

### Definition of "International Journey"

Mr. BRILLIANT announced that his delegation would later circulate some suggestions with regard to drafting of the definition of "international

journey"; they would not affect the substance of the definition.

Dr. DOWLING wondered whether the use of the word "State" in the definition of "international journey" might not give rise to difficulties of interpretation in federal countries.

Dr. VAN DEN BERG could not see how any difficulties could arise, since he knew of no case where a single State forming part of a federation of States was responsible for international relations.

The CHAIRMAN suggested the matter be left to the Drafting Sub-Committee.

### Article 25 [30]

The CHAIRMAN said that the word "any" in the last line of paragraph 1 of Article 25 should be deleted, as in Article 22.

Mr. HASELGROVE pointed out that a comma should be inserted after the word "vectors" in paragraph 2 (b) and that, so that the last line of the same paragraph might correspond to the first line of the article, the words "port, airport or" should be inserted before the words "local area".

Dr. VAN DEN BERG noted that the definition of "frontier post", which had appeared in an earlier draft, had been deleted. It might be left to the Drafting Sub-Committee to provide a new definition.

The CHAIRMAN, in answer to a point raised by the delegate of the United States, explained that Article 25 contained no specific reference to infected ports because the intention was that health authorities were to prevent the departure of infected persons whether the port was infected or not.

Dr. GEAR thought that since "infected person" as defined in Part I included persons believed to be infected, paragraph 2 as it stood might lead to mutual accusations between nations of not having taken adequate measures.

Professor CANAPERIA wished the words "or by sea" to be added after the word "air" in paragraph 3. The provisions of the paragraph would thus be brought into harmony with accepted practice.

Mr. BRILLIANT thought that the term "international voyage" had been used in paragraph 3

in error for "international journey". The Drafting Sub-Committee might consider the definitions of both terms together.

Mr. HOSTIE confirmed that "international voyage" should read "international journey".

The CHAIRMAN observed that the words "by air" could be deleted.

In reply to a point raised by the delegate of Egypt, he thought that the intention of the article was that a person who arrived by air and was placed under surveillance, and who wished to continue his journey by sea, would be under surveillance while moving from the airport to the seaport.

*Decision:* Article 25 was remitted to the Drafting Sub-Committee for redrafting in the light of the various suggestions made.

#### **Article 26 [31]**

There followed a discussion of Article 26 and the footnote thereto. The general feeling was that the article should be retained, firstly because it was more precise than the provision of the Convention on International Civil Aviation referred to in the footnote, and secondly because not all Members of WHO were signatories to that convention.

Dr. BELL suggested the deletion of the words "human dejecta or any other" and "epidemic or other".

*Decision:* Article 26 was remitted to the Drafting Sub-Committee for consideration in the light of the United States suggestion.

#### **Article 27 [32]**

*Decision:* Article 27 was adopted unanimously.

#### **Article 28 [33]**

Dr. BARRETT (United Kingdom) noted that in the last line but one of paragraph 1 of Article 28 the word "passenger" was used where what was meant was presumably passengers and crew. He suggested that throughout the Regulations the word "persons" be employed in place of "passengers" or "passengers and crew".

At the end of the same sentence the words "within the incubation period of that disease" should be added.

Dr. EL-HALAWANI proposed that Article 28 be amended so as to provide for inspection by health authorities of ships passing through maritime canals. He was thinking in particular of the Suez canal, which was very narrow. It should be made quite clear which health authorities were to decide that a ship was healthy.

The CHAIRMAN pointed out that the provision desired by the Egyptian delegation was already in Article 32.

Dr. VAN DE CALSEYDE (Belgium) suggested that the words "fuel and water" at the end of paragraph 3 be replaced by "fuel, water and stores".

The CHAIRMAN agreed that as it was a question of taking on and not of disembarking there could be no objection.

Mr. HOSTIE thought that the objections raised by the Egyptian delegation corresponded to a real weakness in the drafting of the article. Since the medical examination was necessary in order to determine whether or not a ship was healthy—and should apply therefore also to the ship—it would be logical to refer to it at the beginning of the article and not in the second part. He therefore suggested that the words "other than medical examination" be inserted after the word "measures" in the first line of paragraph 1, and that sub-paragraph (a) be deleted in paragraph 2.

Dr. DOWLING, noting the words "as hereinafter defined" in paragraph 1, said that he could find no such definition anywhere in the Regulations.

The CHAIRMAN thought that the definition in question consisted simply of the specific provisions of the Regulations with regard to each disease.

Dr. RAJA thought that some precise phrase to that effect should be inserted after the words "as hereinafter defined".

Dr. BELL proposed that a fifth paragraph be added reading: "Notwithstanding any of the provisions of this Article no state shall be prevented from taking measures to protect its territorial waters from contamination." Contamination was possible from healthy ships.

Mr. HASELGROVE thought that the suggestion of Mr. Hostie met the difficulty of the Egyptian delegation, but the proposal of the delegate of the United

States would destroy the whole effect of the article by suggesting that, apart from what was permitted thereby, national authorities could do anything else they chose.

Dr. BELL said that his proposal was intended only to permit countries to protect their territorial waters from contamination.

The CHAIRMAN agreed that it was reasonable that if governments could prevent rubbish from being thrown into their docks they should also be allowed to prevent it being thrown into their canals. Perhaps

some such provision as suggested by the United States delegation should be inserted.

Mr. HOSTIE thought that from a purely legal point of view, since the committee had decided to retain a similar provision in respect of matter thrown from aircraft, the omission of a provision in the case of canals might be interpreted as implying a specific intention to except them.

*Decision:* Article 28 was remitted to the Drafting Sub-Committee for redrafting in the light of the various suggestions made.

*The meeting rose at 12.10 p.m.*

## EIGHTH MEETING

*Monday, 16 April 1951, at 9.30 a.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

### 1. Welcome to Representative of the United Nations

The CHAIRMAN welcomed M. de Bellaigue, representative of the United Nations, Division of Transport and Communications.

M. DE BELLAIGUE (United Nations) thanked the Chairman for his welcome and on behalf of the United Nations wished the Special Committee success in its important work on the draft Regulations which, after adoption by the Health Assembly, would mark a decisive stage in the campaign against the spread of epidemic disease.

### 2. Consideration of Draft International Sanitary Regulations

#### Article 28 [33] (continuation)

Dr. HEMMES (Netherlands) suggested that it was necessary to determine whether or not a medical examination was to be considered as a sanitary measure. Articles 28 and 35 for instance appeared to be in contradiction on that point. He proposed that it should not be so considered, though he was chiefly concerned with consistency.

The CHAIRMAN drew attention to Article 32, according to which a health authority at the place

of arrival might, whatever was laid down in other articles, require medical examination.

Mr. BRILLIANT (United Kingdom), pointing out that inspection of a vessel was included in the definition of "medical examination", suggested that such examination should not be regarded in its narrowest sense but should for the purposes of the Regulations be considered a sanitary measure.

Dr. EL-HALAWANI (Egypt) wished Article 28 to be so worded as to leave no doubt that when a ship passed through a maritime canal the health authority should first carry out an examination to determine whether it was healthy or infected and then apply the appropriate sanitary measures.

Dr. RAJA (India) wondered whether, unless medical examination was considered a sanitary measure, Article 32 would be rightly placed in Chapter IV.

*Decision:* It was agreed that medical examination should be regarded as a sanitary measure, the Drafting Sub-Committee to make the necessary adjustment in the relevant articles.

### Definition of "Direct Transit Area"

The CHAIRMAN informed the committee that the definition of "direct transit area" had been drafted in close collaboration with the International Civil Aviation Organization.

*Decision:* The definition was adopted without discussion.

### Article 29 [34]

Dr. DUREN (Belgium) said the word "ségrégation", which was not defined in Article 1, had a derogatory sense in French. He interpreted the paragraph as meaning that sanitary measures would not be applied to passengers and crew who had not left a specified area fixed by the health authority of the airports.

Dr. EL-FAR Bey (Egypt) proposed the addition after "vicinity" in Article 29 (b) of "of the same city".

Mr. BRILLIANT thought that the provision referred to the vicinity of the airport at which the persons had arrived.

Dr. DOWLING (Australia) suggested that, as a result of the decision just taken to regard medical examination as a sanitary measure, even medical examination would be precluded under Article 29. His Government was anxious that more liberty of action should be allowed. He therefore suggested adding after "vaccination" in the second line "except as designated by a Member State".

Dr. BELL (United States of America) said that, in order to determine whether or not a ship or an aircraft was healthy, a medical examination must be carried out.

The CHAIRMAN thought that, as regards aircraft, the point might be met if the words in paragraph (b) "passengers and crew on a healthy aircraft" were amended to read "passengers and crew on an aircraft found to be healthy on arrival".

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, said that, since Article 32 applied only to measures on arrival, and since paragraphs 1 and 2 of Article 28 applied to healthy ships, it might be argued that medical examination was not permitted under the terms of Article 28. Since the intention was to permit medical examination, express provision therefore should be made, both in Article 28 (preferably in paragraph 1) and in Article 29.

### Decisions:

(1) It was agreed to refer Article 29 to the Drafting Sub-Committee for amendment along the lines suggested by the Chairman, Mr. Hostie and the delegate of Belgium.

(2) A vote was taken and the proposal of the delegate of Australia to add "except as designated by a Member State" was rejected.

A discussion took place on the proposal of Dr. PADUA (Philippines) to omit the words "including vaccination". His country required certain vaccination certificates for the passengers and crew of aircraft, even if only transferring from one airport to another.

Mr. BRILLIANT stressed that the effect of Dr. Padua's proposal would appear to be that a person travelling on a healthy ship, who did not disembark, should be liable to vaccination—a requirement which he held to be utterly unreasonable. So far as passengers by aircraft were concerned, the whole purpose of instituting direct transit areas was to avoid the necessity of subjecting to such measures persons who only went from one airport to another in the vicinity.

The CHAIRMAN said that he had been advised that from the legal point of view it made no difference whether the words "including vaccination" were included or not. He put to the vote the proposal to delete those words.

*Decision:* The proposal was rejected.

### Article 30 [36]

Dr. HEMMES thought that, in the light of the decision that medical examination was a sanitary measure, Article 30 could not be applied in practice.

Mr. HOSTIE thought the point could be met by placing Article 32 before Article 30 and amending Article 30 to read "Further sanitary measures..."

Mr. STOWMAN (United States of America), seconded by Dr. VAN DE CALSEYDE (Belgium), suggested adding "primarily" after "determined" in the second line because, although the main emphasis was on the conditions on the ship, certain measures to be applied depended on the place of departure of the vessel, for instance in the case of a yellow-fever area.

Mr. BRILLIANT said the proposed addition would destroy the whole certainty of the article by allowing



the health authority to take into consideration any conditions it chose. Medical examination as defined included inspection of the vessel or aircraft and he felt strongly that if the measures to be applied were not to be determined from the conditions which existed on board throughout the voyage, wherever the vessel or aircraft came from, and from those revealed by examination on arrival, the whole article might as well be suppressed.

Replying to the CHAIRMAN, who asked whether Mr. Hostie's proposal would meet his point, Mr. STOWMAN said that it would be helpful. Realizing the misuse that might occur from the insertion of the word "primarily" he suggested as an alternative "unless permitted elsewhere in these Regulations".

Dr. DOWLING considered that the words "which exist at the time of the medical examination" were ambiguous, since medical examination of passengers and inspection of the ship might not be carried out at the same time.

Suggesting that, in certain circumstances, the article might be too rigid, he referred to the recent threat of infantile paralysis in the South Sea islands. Those islands constituted an isolated community free from that disease and in the absence of knowledge of suitable scientific measures to combat the spread of infantile paralysis, their only defence was to exclude people coming from infected areas.

*Decision:* It was decided by vote that Article 32 should be placed before Article 30, and that the Drafting Sub-Committee should be asked to revise the text of both articles in order to clarify them.

Mr. HASELGROVE (United Kingdom) referring to the remarks of the delegate of Australia, did not personally consider that any difficulty arose in the English text over the expression "at the time of the medical examination". A possible alternative would be "during the medical examination" but that could be left to the Drafting Sub-Committee.

With regard to the second point, he recalled that the Drafting Sub-Committee had been asked to clarify Article 24. But that article did not impose restriction on the health authority concerning inspection and quarantine of persons who might constitute a danger from the point of view of communicable diseases not specifically dealt with in the Regulations.

The CHAIRMAN thought the change of position of Article 32 would meet the points raised by the delegate of Australia.

Dr. HENNINGSSEN (Denmark) asked whether "train or road vehicle" which appeared in Article 32 should not be included in Article 30.

*Decision:* A vote was taken and it was decided to add "train or road vehicle" after "aircraft" in Article 30.

Dr. DUJARRIC DE LA RIVIÈRE (France) suggested that the various points raised during the discussion would be met by wording on the following lines, which would cover any incident that might have occurred: "The sanitary measures which may be applied to a vessel or aircraft shall be determined by the conditions which existed during the voyage or which exist on board at the time of the medical examination".

The CHAIRMAN suggested that acceptance of the proposal (made earlier by the delegate of the United States) that the area from which the ship or aircraft came should be taken into consideration, would be a retrograde step. He recalled that under the existing conventions a ship or aircraft could not be condemned because it had left an infected area.

Dr. BELL replied that, even if there were no case of illness on board, there might be persons who had arrived from an infected area and were still in the incubation period. He reiterated his request for the addition either of "primarily" or "except as provided elsewhere in these Regulations".

Mr. BRILLIANT objected to the use of the word "primarily". He suggested some such words as "or which are permitted by these Regulations to be applied to a ship or aircraft arriving from an infected local area".

*Decision:* A vote was taken and the United Kingdom proposal was accepted.

Dr. DOWLING wished it to be made quite clear that the provisions of the article applied to the ship or aircraft, and not to passengers. He proposed the insertion of a new article to cover the protection of isolated communities and, at the CHAIRMAN's request, agreed to submit a draft to the committee.

### Definition of "Arrival"

Dr. VAN DE CALSEYDE said that it should be made clear that "arrival" referred to arrival in a port in

a territory other than that of the place of departure. He suggested the addition of "on an international voyage" between "vehicle" and "means" in the second line of the definition, or the addition of "in another territory" at the end of paragraph (a).

The point raised by the delegate of Belgium was referred to the Drafting Sub-Committee.

### Article 31 [37]

Mr. HASELGROVE, referring to the footnote, thought that the Legal Sub-Committee's difficulties had been disposed of by the adoption of a revised definition for "infected local area" and that reversion could be made to the original text circulated to governments before the third session of the Expert Committee on International Epidemiology and Quarantine. He therefore proposed replacing the present text by the following:

1. The application of the measures provided for in Chapters IV and V shall be limited to arrivals from an infected local area.
2. This limitation is subject to the condition that the health authority of the infected local area is taking all measures necessary for checking the spread of the disease and is applying the measures provided for in paragraph 2 of Article 25.

Dr. DUREN said that the proposal of his own delegation was similar to that of the United Kingdom delegation and was as follows:

When the application of the measures provided in Chapters IV and V depends on the arrival of a ship, an aircraft, a person or an article from an infected local area, the health authority need not apply these measures if the State in whose territory the infected local area is situated has effectively applied the measures provided for in paragraph 2 of Article 25 and has so notified the health authority of the port, the airport or the station of arrival.

The CHAIRMAN thought that the proposal of the delegate of Belgium, although in the negative form, contained more elements than that of the United Kingdom and included a requirement that the port of arrival be notified. There was also the question of whether responsibility should lie with the health authority of the local area or with the health administration.

Dr. BELL asked for the revised text of the article and submitted a proposal by his delegation to be considered with the other proposed amendments.

Dr. BRAVO (Chile) proposed that the words "political limits" be substituted for "geographical limits" in the present text.

The CHAIRMAN's suggestion that further consideration of Article 31 be deferred until the proposed amendments and the new definition of an "infected local area" had been circulated was approved.

### Article 32 [36]

*Decision:* Article 32, having already been discussed in connexion with Article 30, it was adopted subject to the insertion of a comma before and after the words "as well as any person".

### Definition of "Isolation"

The definition was accepted without amendment.

### Definition of "Suspect"

At the request of Dr. GEAR (Union of South Africa) who considered that the definition of "infected person" must be read in conjunction with that of "suspect", the latter definition was considered first.

Dr. BELL proposed that, as there were sources of infection other than by an infected person, the words "an infected person" be replaced by "a source of infection".

Mr. BRILLIANT thought that the words "or who otherwise is considered by the health authority as having been under such risk" met the wishes of the United States delegation.

M. GEERAERTS (Belgium) thought that, notwithstanding the definition of "an infected person", the definition of "suspect" could be dealt with simply by saying: "'Suspect' means a person who, for any reason, is considered by the health authority as having been exposed to the risk of infection".

Dr. DOWLING proposed: "'Suspect' means a person who has been exposed to the risk of infection by an epidemic disease".

Dr. MACLEAN (New Zealand), who thought that some discretion should be left to the health authority, proposed: "... a person who, in the opinion of the health authority, has been exposed to the risk of infection by an epidemic disease."

Dr. DOWLING and M. GEERAERTS accepted this amendment of their respective proposals.

Dr. GEAR, whilst he had no alternative wording to suggest, thought that the proposed amendments would confer too wide powers on the quarantine administration. He made that remark in line with the general statement he had made at the first meeting.

Dr. RAJA thought that, as it would be difficult for a health authority to declare that a person had actually been exposed, it would be better to say: "...is likely to have been exposed..."

Dr. BELL suggested a further limitation by adding: "in such a manner as possibly to become infected".

Mr. BRILLIANT felt that all the additions suggested had clouded rather than clarified the matter. All that was necessary was to give discretionary powers to the health authority. He therefore supported the proposal of the delegate of Australia, as amended by the delegate of New Zealand.

Dr. BELL said that certain persons, such as those immunized against yellow fever, even if exposed to infection, would not be capable of spreading it; his proposal had been intended to cover that point.

Dr. DUJARRIC DE LA RIVIÈRE said that, whilst it was obvious that, from a scientific point of view, conditions of contamination could vary considerably, a general regulation could not go into details.

The CHAIRMAN then proposed the following wording:

"*suspect*" means a person who, in the opinion of the local health authority, has been exposed to the risk of infection by an epidemic disease and is capable of spreading the infection.

Dr. RAJA still felt that the amendment proposed by the delegate of the United States was more direct and took into account the possibility of a person being completely immunized and therefore not capable of transmitting infection to others.

Dr. PADUA preferred the text proposed by the Chairman but without the words: "and is capable of spreading the infection".

Mr. BRILLIANT, whilst maintaining his preference for the simplest possible wording, said that, after hearing the remarks of the delegate of the United States, there was justification for the words "and is capable of spreading the infection". He therefore

proposed that the definition be redrafted on the following lines:

"*suspect*" means a person who, in the opinion of the health authority, has been exposed to the risk of infection by an epidemic disease and is capable of spreading the disease.

*Decision:* The above text, on being put to the vote, was adopted.

### Definition of "Infected Person"

Dr. GEAR proposed that the words: "or who is otherwise considered to be capable of transmitting the infection" be deleted, as they had been included in the definition of "*suspect*".

Professor CANAPERIA (Italy) did not understand why cholera was specifically mentioned. He proposed the deletion of the rest of the definition from the words: "in the application of this definition...".

Dr. JAFAR (Pakistan) supported the proposal of the delegate of Italy.

M. GEERAERTS thought that the words "pending bacteriological confirmation" could be deleted but not those referring to the presentation of clinical signs of cholera.

Dr. EL-HALAWANI said his delegation considered it important that the phrase referring to clinical signs of cholera be retained.

Dr. DOWLING agreed with the delegate of Italy. On the other hand he did not agree with the proposal of Dr. Gear to delete "or who is otherwise considered to be capable of transmitting the infection" as the phrase had been included to deal with germ carriers.

The CHAIRMAN put to the vote the respective proposals of Dr. Gear and Professor Canaperia.

### *Decisions:*

(1) Dr. Gear's proposal to delete the words "or who is otherwise considered to be capable of transmitting the infection" was adopted

(2) Professor Canaperia's proposal to delete the words following the semi-colon was adopted by 12 votes to 6.

### Article 33 [38]

Dr. DOWLING proposed deletion of the second sentence because, in his opinion, the decision as to removal of an infected person should rest with the health authority.

The CHAIRMAN explained that the provision had been inserted to prevent the use of a vessel, or other means of transport, as an isolation hospital.

Dr. JAFAR proposed the addition of a clause to the effect that "The vessel, etc. carrying such a person shall not be used as an isolation hospital".

Dr. GEAR considered that, although an infected person on board a vessel, etc. in transit should be removed, there might be circumstances in which the local health authority might not wish to remove such person. The sentence had been included in order to make it possible for the person in charge of the means of transport to obtain the removal of an infected person.

Dr. DUJARRIC DE LA RIVIÈRE thought that the present text did not stress sufficiently the two distinct aspects of the problem: the request by the person in charge of the means of transport for the removal of the infected person, and (2) agreement on the part of the health authority to remove the infected person and to take the necessary measures. He suggested that the article be redrafted by the Drafting Sub-Committee.

Mr. HASELGROVE considered that the second sentence should be retained.

*Decision:* On a vote being taken, it was decided that the second sentence should be retained and that the Drafting Sub-Committee should incorporate the addition proposed by the delegate of Pakistan.

#### **Article 34 [39]**

The article was adopted without discussion.

#### **Article 35 [40]**

Mr. HASELGROVE proposed that the article be amended to read as follows:

Except as provided under paragraph 2 of Article 71, any sanitary measure other than medical examination which has been applied at a previous port or airport to the satisfaction of a health authority of a subsequent port or airport shall not be repeated at that port or airport unless, after the departure of the ship or aircraft, an incident of epidemiological significance has occurred either at that port or airport or on board the ship or aircraft calling for a further application of any of such measures.

He thought it unreasonable to suggest that countries should have the right to repeat sanitary

measures previously taken at another port but, on the other hand, there might be cases where there was reasonable cause for doubt about the measures already applied; in such cases the health authority should be given discretion to take such measures as it considered necessary.

Dr. VAN DE CALSEYDE called attention to Article 95. Acceptance of the United Kingdom proposal could lead to the discrimination which it had been desired to avoid in the Sanitary Regulations.

Mr. MOULTON (International Civil Aviation Organization) submitted that the United Kingdom proposal would invite duplication of measures. If health authorities did not trust each other, transport enterprises would be faced with an unwarranted amount of duplication of effort. The article was important from the standpoint of avoiding such duplication.

Dr. BELL, whilst agreeing with the substance of the United Kingdom amendment, suggested that a simpler and more restrictive form would be to insert, after the word "aircraft", the words "or unless there is definite evidence that the measures were not substantially effective".

The CHAIRMAN put to the vote the question of whether some discretionary power should be given to the health authority.

*Decision:* The committee agreed that some discretionary power should be given to the health authority.

Mr. HASELGROVE proposed that his amendment be combined with that of the United States delegation.

*Decision:* On the proposal of the CHAIRMAN, the committee accepted the United Kingdom suggestion in principle, leaving it to the Drafting Sub-Committee to draft a text incorporating the United Kingdom proposal and the United States amendment and the addition suggested by the delegate of Thailand of the words "train or road vehicle".

#### **3. Appointment of Juridical Sub-Committee to consider Parts IX and X of the Draft International Sanitary Regulations**

On the proposal of Dr. VAN DEN BERG (Netherlands) it was agreed that a juridical sub-committee (the composition of which would be decided later) be appointed to consider the problems connected with Parts IX and X of the Regulations.

*The meeting rose at 12.25 p.m.*

## NINTH MEETING

*Tuesday, 17 April 1951, at 9.30 a.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

### 1. Composition of the Juridical Sub-Committee to consider Parts IX and X of the Draft International Sanitary Regulations

Following the decision, taken at the eighth meeting, to appoint a juridical sub-committee to examine the articles in Parts IX and X of the draft Regulations and make recommendations to the Special Committee in connexion with any amendments considered necessary, it was agreed that the sub-committee should be composed of members of the following delegations:

Belgium, Egypt, France, India, Indonesia, Netherlands, Switzerland, United Kingdom, United States of America.

It was also agreed, on the proposal of Dr. BELL (United States of America), that the sub-committee should not deal with Article 106, which would be considered in plenary session, or with Article 107, for which a working party had already been appointed.

The CHAIRMAN asked delegates not represented on the Juridical Sub-Committee, and observers, to submit to the Secretariat memoranda on any questions they wished to put before the sub-committee.

### 2. Appointment of Rapporteur to the Fourth World Health Assembly

On the proposal of Dr. VAN DEN BERG (Netherlands), supported by Professor CANAPERIA (Italy), it was unanimously agreed that Dr. Raja (India) should act as Rapporteur for the Special Committee to the Fourth World Health Assembly.

### 3. Consideration of Draft International Sanitary Regulations (continuation)

Dr. GEAR (Union of South Africa) said that, in the light of his own attitude, which he had defined in his statement at the second meeting (see page 38) and in his minority report to the Expert Committee

on International Epidemiology and Quarantine<sup>4</sup> he was slightly disturbed by the decisions taken by the Special Committee during the past few days.

He had consistently argued the necessity, in considering the draft Regulations, for not increasing the obstructive forms of quarantine which, in his opinion, had slight medical value but would have very disturbing effects on international traffic and trade.

He did not wish it to be understood that his view was based on considerations other than the health and epidemiological factors with which, he agreed, the Regulations were primarily concerned. But the members of the Special Committee were also members of national delegations and the committee's terms of reference indicated that, in taking part in the discussions, they should come armed with information on the other aspects of the subject.

He therefore appealed to the committee, in its further examination of the draft Regulations, to bear all aspects of the subject in mind. Although international trade and traffic relationships were not the primary factors, they were important in connexion with international health, because much of national health depended on them. The transport of food was an example of that relationship.

He felt that some of the decisions taken at the previous meeting were not wise from a public-health point of view and, if unwisely applied, would have considerable influence on international traffic and trade.

### Article 36 [41]

Dr. BELL, referring to the phrase "nearest convenient port or airport" in the last line, wished it to be made clear that the vessel or aircraft could proceed in the direction of its route. He therefore proposed substitution of the word "next" for "nearest".

He would also like the word "sanitary" to be inserted after "convenient", but, as no decision had yet been reached as to the retention of the terms "sanitary port" and "sanitary airport" he would defer that proposal.

<sup>4</sup> Document WHO/Epid/52, unpublished

Dr. DOWLING (Australia) called attention to an apparent discrepancy between the first and second sentences: the first sentence stated that a vessel or an aircraft might not be prevented from calling at any port or airport, whereas, according to the second sentence, such vessel or aircraft would, in effect, be prevented from entering at certain ports or airports.

Australia had a large number of small ports and several airports which could not be opened to international traffic, mainly because of the danger of introducing rabies, which might destroy two of the country's chief industries—wool and cattle. For that reason, his delegation felt that Australia must be able to designate both ports and airports. He therefore suggested that the phrase "any port or airport" be qualified by the use of the word "sanitary" or by a phrase to indicate that the port or airport must be designated by the State.

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, explained that the definition of "airport" met the suggestion of the delegate of Australia. The position in regard to travel by sea was somewhat different. In principle, according to the present text, seagoing vessels might call at any port, but a "seaport" as now defined meant a port normally frequented by seagoing vessels, i.e., ships engaged on an international voyage. There was therefore no danger of the provision being applied to a port only exceptionally visited by vessels on an international voyage.

In reply to a question by Dr. DUJARRIC DE LA RIVIÈRE (France), Mr. HOSTIE said that the provisions of Article 36 were intended to apply equally to inland navigation ports—such as on the large lakes of Africa and North America—where sanitary measures were not taken at the frontier.

*Decision:* It was agreed that the Drafting Sub-Committee should incorporate in the text the amendment proposed by the delegate of the United States, and that further consideration of Article 36 be deferred until decisions had been taken on Articles 12 to 17.

#### **Article 37 [42]**

*Decision:* It was agreed to defer consideration of Article 37 until decisions had been taken on Articles 12 to 17.

#### **Article 38 [43]**

Dr. DOWLING proposed deletion of the words: "or has landed there under the conditions laid down in Article 29".

*Decision:* On being put to the vote, the proposal of the delegate of Australia was rejected and the article was adopted.

#### **Definition of "Yellow-Fever Receptive Area"**

The definition of "yellow-fever receptive area" was accepted.

#### **Article 39 [44]**

Dr. BELL thought that the word "isolation" in the penultimate sentence of Article 39 was not appropriate in connexion with measures applying to ships and aircraft. He suggested substitution of the word "quarantine".

It was agreed that the Drafting Sub-Committee should make the necessary amendment.

Dr. DUREN (Belgium) asked why yellow fever had been mentioned specifically in Article 39 and whether the provisions should not apply in the case of a ship or aircraft infected with other epidemic diseases.

Dr. RAJA (India) replied that the Expert Committee on International Epidemiology and Quarantine had inserted the qualification because, by the time it had been established that an aircraft was infected, it would be possible for infected mosquitos to have escaped from the aircraft. There was not the same possibility of rapid transmission of infection into a local area of cholera, smallpox and other diseases, even from an infected ship or aircraft.

Dr. DUREN admitted that the argument of the delegate of India had some weight. However, if there were danger, it would not arise because a ship was suspected or infected (i.e., if it had a case of yellow fever on board or had had one during the voyage) but from the presence on board of *Aedes aegypti*. Moreover his delegation did not see why a vessel which refused to submit to the measures prescribed and which would be allowed to depart, should not take on food supplies for consumption on board.

It was agreed that the Drafting Sub-Committee should make the necessary amendment to the article to permit a ship to take on food for consumption on board.

Dr. EL-HALAWANI (Egypt) drew attention to the fact that a ship infected with cholera, being allowed under the provisions of Article 39 to depart from

Suez, would pass through the Suez Canal and that workers on the Canal and inhabitants of villages bordering it would be exposed to danger of infection. He considered that infected ships should not be allowed to depart without submitting to the necessary measures.

Dr. El-Halawani proposed the insertion of a clause relating to maritime canals, because the present text clearly provided for refusal to submit to the measures required.

It was agreed that the Drafting Sub-Committee be instructed to take account of the proposal of the delegate of Egypt.

Dr. DUJARRIC DE LA RIVIÈRE remembered that discussions had taken place in the Expert Committee on International Epidemiology and Quarantine in regard to aircraft. The danger of the entire Orient becoming infected with yellow fever was considerable. He did not remember that similar discussions had been held in regard to ships.

Dr. RAJA (India) recalled that the question of including ships had been discussed. A person on board ship who was in the first two or three days of the onset of disease could infect mosquitos which had access to him, thus giving the possibility of the disease being spread. As a safeguard, ships should be included in the article: the implications of their exclusion would be considerable.

Dr. DUREN said that, while his delegation had no major objection to the provisions concerning infected ships or aircraft, they objected to the words "or suspected". He quoted the description of an infected ship or aircraft in Article 68. Although the revised definition of "infected local area" (see page 285) did not mention yellow-fever endemic areas, it might be that the Health Assembly would decide that such areas were to be considered as infected in their entirety, which would mean that any ship having left a yellow-fever endemic area less than six days previously would be considered as suspected and measures would be applied to it. He considered that provision excessive and therefore proposed the deletion of the words "or suspected of being so infected" and the insertion in an appropriate place of a clause reading:

and if the medical examination should show that the infected person has not been isolated in time and if *Aedes aegypti* are discovered on board...

Mr. MOULTON (International Civil Aviation Organization) recalled that both the International Sanitary Convention, 1926, and the International

Sanitary Convention for Aerial Navigation, 1933, included an article permitting ships and aircraft unwilling to submit to the measures required to proceed. There was no restriction whatsoever on the lines of the first paragraph of Article 39. He believed that the present text of that article represented a backward step but one which was justified. His organization had no desire to create additional problems for other means of transport but they did insist on equal treatment for aircraft in that connexion.

He asked what epidemiological facts had come to light since 1926, or 1933, which would warrant the additional restrictions, and the separation of ships and aircraft, in the article. He reminded the committee that the one known case of the introduction of insect vectors of a disease from the continent of Africa to South America had been by sea and not by air.

The CHAIRMAN put to the vote the proposal of the delegate of Belgium, which related only to ships.

*Decision:* The proposal was adopted by 11 votes to 6 and it was agreed that the Drafting Sub-Committee be instructed to prepare a revised draft of the article, taking into account all the amendments which had been proposed and accepted.

#### *Proposed New Article for Chapter IV*

Dr. BELL made some general proposals concerning Chapter IV. In the first place, in view of the confusion in that chapter and in other parts of the Regulations as to the diseases to which each article applied, the United States delegation proposed the introduction of a new article, on the following lines, enumerating the articles applying to communicable diseases other than the six specified epidemic diseases:

The provisions of these Regulations shall have application only to international control of epidemic diseases except Articles 19, 20, 22, 24, 25 (first paragraph only), 26, 27, 28, 29, 30, 32, 40, 41, 42, 89, 90, 91, 93, 94, 95, 97 and 98, which apply also to other communicable diseases.

Dr. DUREN felt that the Regulations should be limited to the six epidemic diseases, measures concerning other diseases forming a separate set of Regulations. He considered that that limitation should be specified either in Article 1 or Article 2 of the Regulations. He further suggested that the six diseases should be called "maladies épidémiques réglementées".

Dr. RAJA said that if the proposal of the United States delegation were adopted it would automatically become the duty of governments to take action under the Regulations in respect of other communicable diseases. If action were to be taken, the correct procedure would appear to be for the committee to widen the definition of epidemic diseases to include other communicable diseases and lay down the specific measures in respect of each of them.

The CHAIRMAN said that if the Regulations were limited to the six epidemic diseases, the element of the protection of international transportation against excessive measures on medical or sanitary grounds would be abolished. Moreover, it would be necessary to redraft the whole of the Regulations.

Mr. HASELGROVE (United Kingdom) said his Government had understood that the present Regulations were intended to apply only to the six specific diseases. The United Kingdom Government was in favour of setting up a complete code of sanitary measures for international traffic but believed that it was not possible to do so at that stage.

Dr. DUJARRIC DE LA RIVIÈRE supported the views of the United Kingdom delegate.

The CHAIRMAN explained that the Regulations laid down the only sanitary measures to which ships and aircraft might be subjected. Passengers and crews, however, if suffering from other communicable diseases, might be required to submit to national measures of the country to which they went.

Mr. HOSTIE said that the decision regarding the amendment proposed by the United States delegation should be taken with the legal implications well in mind. The existing Conventions of 1926, 1933 and 1944 exhausted the possibilities of sanitary measures in respect of all diseases and their permissive measures constituted a maximum. The regulations as at present drafted abrogated those conventions except for one article in the International Sanitary Convention for Aerial Navigation, 1944.

Dr. PADUA (Philippines) supported the United States proposal on the understanding that national governments would be free to enforce measures on passengers and crew for the control of other communicable diseases.

*Decision:* The United States proposal to add a new article concerning the application of some articles of the Regulations to other communicable diseases was rejected by 19 votes to 5.

## Definition of "Epidemic Diseases"

A lengthy discussion took place on the nomenclature of the six diseases at present defined, for the purpose of the Regulations, as "epidemic diseases".

The CHAIRMAN, explaining that the Expert Committee on International Epidemiology and Quarantine had discussed the matter at considerable length without arriving at a better name than "epidemic diseases", ruled the discussion closed. It could be reopened if there was general agreement on an alternative term as the result of unofficial conversations.

## *Proposed New Article on Radio Pratique*

Dr. BELL introduced the proposal of the United States delegation for a new article on radio pratique, to be inserted after Article 31, which it was thought would help to speed up international traffic:

As far as feasible States shall authorize granting of pratique by radio to vessels or aircraft when, on the basis of information received from them prior to their arrival, the health authority is of the opinion that their entry will not result in the introduction or spread of a communicable disease.

Dr. DUREN, while supporting the proposal, suggested that the reference in the last line should be to "epidemic" disease.

Professor CANAPERIA and Mr. HASELGROVE seconded the United States proposal, the latter also seconding the substitution of "epidemic" for "communicable".

In reply to Dr. EL-HALAWANI, the CHAIRMAN said he took it that each State would decide on the conditions under which it would grant pratique by radio.

*Decision:* The article on radio pratique proposed by the United States was unanimously adopted subject to revision by the Drafting Sub-Committee.

## Definition of "Baggage"

After a short discussion it was agreed that the definition of "baggage" did not exclude personal effects sent either in advance or following.

*Decision:* The definition of "baggage" was adopted as drafted.



**Article 40 [46]**

Professor CANAPERIA suggested adding "rodents and " after "vehicle for " in Article 40, paragraph 1.

Dr. PADUA, seconded by Dr. RAJA and Dr. EL-HALAWANI, agreeing that the article should not be limited to insect vectors, proposed "may serve as a vehicle for the transmission of such disease".

Professor ALIVISATOS (Greece) proposed that in paragraph 1, Article 40 the words "may serve as a vehicle for insect vectors of any such disease" be replaced by "may serve as a vehicle for the primary or intermediate vectors of any such disease"; the phrase would then cover rodents as well.

*Decision:* The proposal of the delegate of the Philippines was accepted subject to revision by the Drafting Sub-Committee.

Dr. DOWLING thought that, as drafted, the article might prove too restrictive, preventing, for instance, disinfection of a cabin after a case of measles.

A lengthy discussion took place on whether the article did or did not exclude measures under national legislation in case of contamination from other diseases.

Mr. HASELGROVE thought it was clear that paragraph 1 was intended to refer to the epidemic diseases as defined. He suggested that the first line should read "Goods shall be submitted to the sanitary measures provided for in these Regulations only in so far..."

Mr. HOSTIE, said he had always felt that Article 40 and many of the other articles in the general part of the Regulations required elucidation. The United States proposal (see page 75) which was intended to clarify the position had been rejected. If it was desired to limit the scope of paragraph 1 of Article 40, so as to permit further measures for other diseases, then it might be advisable to add the words suggested by the United Kingdom delegate.

Dr. GEAR said the object of the article was to prevent enforced unloading of goods in international trade which were in transit at ports. When unloaded at the port of arrival goods came under the control of the national health-administration.

A short discussion then took place on whether paragraph 1 was necessary.

Dr. GEAR suggested that unless the paragraph were retained the provisions for boarding ships and aircraft in the articles concerning individual diseases would constitute the right for considerable interference.

Dr. BELL seconded the United Kingdom proposal.

Dr. MACLEAN (New Zealand) suggested that the paragraph should commence "Goods remaining on board ship or aircraft shall..."

*Decision:* The United Kingdom proposal to insert the words "provided for in these Regulations" after "sanitary measures" in paragraph 1 of Article 40 was accepted, subject to revision by the Drafting Sub-Committee.

Mr. HASELGROVE proposed amending paragraph 2 after "transport" to read: "shall not be subject to sanitary measures or detained at any port, airport or frontier."

Dr. DOWLING asked whether Mr. Hostie could state whether the committee was competent to make such a provision.

Mr. HOSTIE thought the delegate of Australia need have no misgivings. He was convinced that nobody would consider the Regulations as applying to measures other than sanitary measures.

Dr. MACLEAN suggested that if the amendments of paragraph 2 proposed by the United Kingdom were accepted, paragraph 1 would become useless.

*Decisions:*

(1) It was agreed to amend the last part of paragraph 2 of Article 40 to read "shall not be subjected to sanitary measures at any port, airport or frontier".

(2) Article 40 was referred to the Drafting Sub-Committee for revision in accordance with the amendments accepted.

*The meeting rose at 12.5 p.m.*

## TENTH MEETING

*Tuesday, 17 April 1951, at 2 p.m.**Chairman: Dr. M. T. MORGAN (United Kingdom)***1. Consideration of Draft International Sanitary Regulations (continuation)****Article 41 [47]**

Dr. DOWLING (Australia) said that his delegation had the same objection to the present drafting of Article 41 as to that of the previous article. Apparently all measures of disinfection or disinsecting with regard to diseases other than the six epidemic diseases with which the draft Regulations were concerned were to be specifically forbidden.

Dr. DUJARRIC DE LA RIVIÈRE (France) thought that it should be understood once and for all that the Regulations were to apply only to six diseases. Separate regulations should be made for other diseases.

Dr. RAJA (India) agreed with the delegate of France.

As he saw it, the word "only" in Article 41 was to be taken in connexion with the words "a person" and not with the words "an epidemic disease". The sense was that the measures prescribed were to be carried out only in the case of a person carrying infected material or insect vectors of an epidemic disease, and not only if the disease of which he carried infective material or insect vectors was "epidemic".

The countries represented at the present conference had assembled to give up part of their sovereignty in respect of the six diseases enumerated; at the same time, Article 21, if adopted, would provide that no action beyond that was to be taken. Against that background it was clear that governments were limiting their freedom of action only in respect of the six epidemic diseases and within the scope of the Regulations.

Mr. HASELGROVE (United Kingdom) thought that the delegate of Australia had been right to bring up in connexion with Article 41 the same point which the committee had had to settle in connexion with Article 40—and which would arise again in

Article 42. Rather than deal with it separately for each article, the committee might prefer to modify the heading of Chapter V on the following lines: "Measures under these Regulations concerning the International Transport of Goods, Baggage and Mail".

The CHAIRMAN, after some further discussion, said that he agreed with the delegate of India. The sense of the article was that as long as a ship and the persons on board were healthy, national authorities were not to resort to wholesale disinfection and disinsecting except in the case of persons carrying infective material or insect vectors of an epidemic disease.

Dr. DOWLING was prepared to accept the interpretation of the delegate of India if it was to be expressly stated in the Regulations and not left to be understood.

The CHAIRMAN thought that a matter for the Drafting Sub-Committee.

Dr. HENNINGSEN (Denmark) thought that no change in drafting could meet the case; a separate article would be necessary.

The CHAIRMAN regretted that the suggestion for a separate article must be ruled out of order as the United States proposal for an additional article specifying the articles applicable to communicable diseases other than the six epidemic diseases (see page 75) had already been rejected.

Dr. BELL (United States of America) suggested that the article be redrafted so as to specify what measures were permissible with regard to three classes of baggage, namely baggage free from infective material or insects, baggage carrying infective material or insect vectors of an epidemic disease, and baggage carrying infective material or insect vectors of other diseases.

Dr. DUREN (Belgium) formally proposed that Article 41 be left unchanged.

*Decision:* The proposal was adopted by 21 votes to 7.

#### **Article 42 [48]**

Mr. HASELGROVE proposed that paragraph 3 of Article 42 be deleted.

Professor CANAPERIA (Italy) agreed that paragraph 3 served no purpose. Instead it might be stated that infectious laboratory material was to be entrusted to the person in charge of the ship, aircraft or train.

*Decision:* It was unanimously agreed to delete paragraph 3.

Dr. DOWLING proposed that in the first line of paragraph 2 of Article 42, after the word "only", be inserted the words "if designated by a Member State or".

*Decision:* The proposal was rejected.

Dr. PADUA (Philippines) proposed that paragraph 1 of Article 42 be redrafted to permit the disinfection of bags containing mail, newspapers, books, and other printed matter (the contents would of course remain untouched). That would bring paragraph 1 into harmony with paragraph 2.

Dr. DUJARRIC DE LA RIVIÈRE said that experience had shown that infection was not carried by printed matter.

*Decision:* The proposal of the Philippine delegation was rejected by 20 votes to 2.

#### **Part V, Chapter 1 — Plague**

Dr. BICA (Pan American Sanitary Organization) said that the entire chapter on plague had been written on the assumption that only rats were important in the spread of the disease. However, actual transmission of plague, except in the case of pneumonic plague, was by insects, which could be more surely and more easily eliminated, at least temporarily, than could rats. While the elimination of rats was very important, it would seem that some provision should be made for the use of insecticides, particularly in cases where, because of cargo distribution, deratting could not be satisfactorily undertaken.

#### **Article 43 [49]**

*Decision:* Article 43 was adopted.

#### **Article 44 [50]**

Dr. EL-HALAWANI (Egypt) proposed the deletion of Article 44.

Dr. RAJA thought that the article should be retained as certain countries in the past had in fact demanded plague vaccination certificates as a condition of admission.

*Decision:* Article 44 was adopted.

#### **Article 45 [51]**

The CHAIRMAN suggested that in Article 45 the objection of the representative of the Pan American Sanitary Organization regarding the deficiency in Chapter 1 of Part V of provisions regarding the use of insecticides might be met by inserting the words "and their ectoparasites" at the end of the first sentence.

Dr. DUJARRIC DE LA RIVIÈRE supported the Chairman's suggestion, particularly as it would bring the first sentence into harmony with the second.

Dr. BELL proposed that Article 45 be amended, first, by the insertion of the words "or airport" after the word "port", and secondly, by the addition of a second paragraph laying stress on measures to be carried out in ports of embarkation, as opposed to ports of arrival, and reading:

Prior to departure from a port or airport infected with plague, vessels or aircraft shall be inspected for rats and fleas and measures for their destruction shall be taken if necessary. During the stay in such a port or airport special care shall be taken to prevent rodents from boarding the vessel or aircraft.

The CHAIRMAN put to the vote the first part of the United States proposed amendment, namely the insertion of the words "or airport", which was adopted.

With regard to the second part of the amendment, he wondered whether the United States delegate would agree that it was sufficiently covered by paragraph 2 (b) of Article 25.

Dr. BELL thought that since throughout the draft Regulations the practice was, in addition to laying down general provisions such as those of Article 25, to specify in detail what measures were to be taken in respect of each of the six diseases, the same should be done in respect of measures against plague in ports of departure.

Dr. BARRETT (United Kingdom) thought that, in view of the provisions of Article 25 and of Article 13, the measures prescribed in the proposed additional paragraph would be a further and unnecessary imposition.

Dr. BELL did not feel that the purport of the additional paragraph he proposed was properly understood. Since the first International Sanitary Conventions had been drafted, conditions had changed considerably, and at the present day there were very few plague-infected ports in the world. The adequate application of measures at such ports would make quarantine unnecessary elsewhere.

The draft Regulations contained specific provisions for measures to be taken in respect of each disease at ports of arrival and during the voyage. Similar provisions for ports of departure would provide a sound epidemiological basis for the control of disease.

In reply to a question by the CHAIRMAN, he added that the proposed provisions would apply to vessels with cargo in situ.

Mr. HASELGROVE said that since the recognized procedure for keeping a vessel free from rats was complete fumigation, the United States proposal as he understood it would provide, whenever a vessel visited an infected port, for a fumigation in addition to that provided for in Article 46. Either the cargo must be removed or the ship must be fumigated with the cargo still inside; and that, as his delegation had maintained, would be an additional imposition.

Dr. RAJA thought that Article 25 already provided for inspection. If the inspection showed the presence of rats, then presumably deratting must follow.

Dr. BELL, replying to the United Kingdom delegation, said that his proposal provided for destruction of rats "if necessary", or in other words if there were rats aboard. In that case, it would make no difference whether the inspection was carried out at the port of arrival or at the port of departure. Vessels with or without cargo were in any case being inspected for rats every day. Moreover, fumigation was not the only method of destroying rats.

Dr. JAFAR (Pakistan), in the light of his own experience, was of the opinion that fumigation was in fact the only satisfactory method of deratting. He had known cases where ships from the East had asked for deratting certificates without unloading the cargo. The requests had been refused and traps set without

result. Later, fumigation had revealed the presence of up to 100 rats.

It would therefore be unrealistic to insist on inspection in ports of departure except where results seemed likely. However, he saw some point in the United States proposal and thought that the chapter on plague should contain some specific provisions with regard to the prevention of the boarding of vessels and aircraft by rats.

The CHAIRMAN raised the point as to whether the United States proposal, if accepted, might not properly be included in Article 51.

Mr. HASELGROVE maintained that the proposed new paragraph introduced an entirely new element which, in his view, was completely impracticable from the point of view of shipping. The wording implied that a health authority had the power, in its discretion, to require all cargo to be unloaded.

Dr. DOWLING failed to understand any objection to the proposal, which concerned measures to be automatically applied in all circumstances whether a ship was loaded or not.

*Decision:* The United States proposal was adopted by 12 votes to 4 and the text referred to the Drafting Sub-Committee.

#### **Article 46 [52]**

Mr. HASELGROVE recalled his delegation's proposals regarding new definitions of approved ports for the issue of deratting certificates (see page 53).

Professor ALIVISATOS (Greece) proposed the deletion of paragraph 1 (b) of Article 46 owing to the difficulty, even impossibility, of interpreting the word "negligible" in connexion with the number of rats on board a ship. Moreover, rodent plague in its chronic form must be taken into account, and also the fact that not only the number of rats, but the number of fleas per rat, was of great importance. The only effective means, in his view, was periodical deratting.

The CHAIRMAN agreed that it was not easy to lay down any simple standard for the interpretation of "negligible". Different conditions applied as between the number of rats found in a circumscribed area and the same number distributed throughout the whole ship.

Professor CANAPERIA thought that the new definitions proposed by the United Kingdom delegation should be considered, and a decision taken as regards

Articles 12 to 17, before any decision was taken on the first sentence of paragraph 2.

He was of the opinion that the period of one month for prolongation of a deratting certificate was not always sufficient. A longer period might be required for a ship to reach a port where effective deratting could take place. The paragraph should, moreover, indicate that deratting had to be effected after a ship had been unloaded.

Referring to the footnote to Article 46, he was opposed to the designation of approved ports on the grounds that, if the inspection of the ship revealed the necessity for deratting, it would be a simple matter to send an inspector from a large port to carry out deratting operations.

Dr. DOWLING preferred the text as it stood. He was in favour of the United Kingdom's suggestion regarding definitions of approved ports for the issue of Deratting and Deratting Exemption Certifications. Practical considerations of distance should not be overlooked in regard to the suggestion of sending an inspector from a large to a small port.

Dr. HEMMES (Netherlands) referred the committee to a note on deratting procedure submitted by his delegation. The proposals were: (1) to replace the words "and shall not take longer than twenty-four hours" in paragraph 4 (a) by "and shall not take longer than is absolutely necessary", since 24 hours might not always be sufficient where cyanic acid was used; (2) to delete paragraph 5, because it was not considered that a deratting certificate should be issued if the health authority were not fully satisfied with the results obtained.

Dr. MA'MOEN (Indonesia), in supporting the Netherlands proposal regarding paragraph 4 (a), explained that deratting in his country could not be carried out by means of cyanic acid but only by sulphur gas, owing to climatic conditions; that generally took about two to three days.

Dr. BERGMAN (Sweden) likewise supported the Netherlands proposal, pointing out that the time before the ship became free from the effects of cyanide depended on temperature and climate and, in northern countries, often exceeded 24 hours.

*Decision:* On a vote being taken, the proposal of the Netherlands delegation to amend the wording of paragraph 4 (a) was adopted.

Mr. HASELGROVE, referring to the proposal of the Netherlands delegation to delete paragraph 5, said

that his Government had been responsible, at an earlier stage, for suggesting the inclusion of the paragraph, in order to cover the case where renewed deratting was considered necessary. He submitted that the paragraph gave shipping companies—which could not always unload cargoes at will—a reasonable procedure, leaving it to the health authority to decide when its provisions should be applied.

Dr. JAFAR supported the proposal for deletion. The issue of a modified deratting certificate would lead to complications for port administrations, and there was nothing to prevent a ship from resorting to subterfuges. No certificate should be issued unless deratting had been satisfactory.

Mr. HASELGROVE suggested, in order to avoid any possible confusion, that it might be possible to provide for the issue of a special form of certificate. He maintained that paragraph 5 served a useful purpose.

Dr. DUREN said that, under the terms of Article 20, a Deratting Certificate could be requested, if deratting had been carried out, even in cases where the deratting operation was incomplete.

The CHAIRMAN agreed with Dr. Jafar about the loose wording of paragraph 5, and also that no modified type of provisional certificate should be issued. He suggested the following wording for the consideration of the Drafting Sub-Committee: "If in a port conditions are not suitable for obtaining a satisfactory result from deratting, a statement to that effect shall be made on the existing deratting certificate". The paragraph provided a procedure by which a port health authority could take a reasonable line and not rigidly enforce deratting even with consequent unloading of cargo, if it considered that a ship could be allowed to proceed.

*Decision:* Article 46 was referred to the Drafting Sub-Committee for consideration in the light of the discussion. (See also eleventh meeting, page 83.)

## Article 47 [53]

Dr. RAJA proposed the deletion of the words "In exceptional circumstances".

Dr. DE TAVEL (International Civil Aviation Organization) thought that the words had been included to avoid any routine deratting of aircraft, which would delay international traffic.

Dr. BELL, seconded by Dr. GEAR (Union of South Africa), agreed that the provision was too broad and should be limited to aircraft coming from places infected with plague.

Dr. BARRETT, while agreeing with the point of view of the delegate of the United States, preferred to retain the safeguard implied in "In exceptional circumstances", on the grounds that aircraft, to be economic, must be flown during the whole time they were airworthy.

The CHAIRMAN suggested that the words "such as the risk of transmission of plague" should be inserted after "circumstances".

*Decision:* The Chairman's suggestion was approved and Article 47 was referred to the Drafting Subcommittee.

#### **Article 48 [54]**

On the proposal of Dr. RAJA, supported by a number of delegations, the committee agreed that the isolation period of five days should be amended to six days, to bring the wording into line with Article 43.

*Decision:* Article 48 was approved, subject to the amendment of the period of isolation from five to six days.

#### **Article 49 [55]**

Dr. RAJA, queried the need for paragraph 1 (a). Human plague presumably meant bubonic plague, which in itself was not a source of infection.

Dr. EL-HALAWANI proposed the insertion in paragraph 2, after the word "embarkation" of the clause "or if the ship has arrived within six days of leaving a plague infected port..."

Mr. HASELGROVE thought that the point was adequately covered by the provisions of paragraph 3.

Dr. DUREN asked for clarification of the second paragraph. For a ship to be regarded as suspected only, the case of human plague which had occurred

on board would be either deceased, cured or have been disembarked.

Professor CANAPERIA observed that the essential point was there should not be a case of plague on board at the time of arrival of the vessel.

Dr. DOWLING interpreted paragraph 2 to mean that if a case of human plague occurred on board—whether within the first six days after embarkation or later—the ship would be regarded as infected. If, on the other hand, the case occurred within the first six days and had either died, or was cured, then the ship would be regarded only as suspected.

The CHAIRMAN suggested that the opening clause of paragraph 2 should be amended to read: "A vessel shall be regarded as suspected if there has been a case of human plague on board, within the first six days after embarkation".

Dr. DUREN while agreeing with the Chairman's proposal, suggested the addition of the words: "and if the case is deceased, cured or disembarked".

Dr. BELL thought there was no need to distinguish between an infected and a suspected vessel or aircraft since measures provided for in Article 50 were the same in both cases.

The CHAIRMAN recalled that the reason for the differentiation had been to allow more stringent measures to be taken in the case of infected vessels. He asked whether the committee wished to eliminate paragraph 2 of Article 49 with the consequential deletion of the word "suspected" in Article 50. In that case the only distinction would be between a healthy vessel and an infected vessel.

Dr. DOWLING thought that Article 50 did draw a distinction between the measures to be applied to infected and suspected vessels.

Further discussion was postponed until the following meeting.

*The meeting rose at 4.10 p.m.*

## ELEVENTH MEETING

Wednesday, 18 April 1951, at 9.30 a.m.

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

# 1. Consideration of Draft International Sanitary Regulations

## Article 46 [52] (continuation from previous meeting)

Mr. VAN'T HAAFF (Netherlands), reverting to Article 46, suggested that, in the last line of paragraph 4 (b) "tanker" should be substituted for "oil-tanker", to cover water and wine tankers.

The CHAIRMAN said the Expert Committee on International Epidemiology and Quarantine had considered that the provision should be restricted to oil-tankers because there could be no danger of rats in such tankers.

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

## Articles 49 [55] and 50 [56] (continuation from previous meeting)

The CHAIRMAN recalled the suggestion, made at the tenth meeting, that since the measures laid down in Article 50 for infected ships and for suspected ships were identical, it was unnecessary to maintain the distinction in Article 49. If paragraph 2 of Article 49 were suppressed, the words "or suspected" and the measures to be applied to suspected ships in Article 50 could be deleted.

Dr. DOWLING (Australia) thought the words "or suspected" should be retained. All ships should not be considered infected when there was only suspicion of infection.

Dr. BELL (United States of America), seconded by Dr. RAJA (India), suggested that the first line of paragraph 1 of Article 49 should read "A vessel or aircraft shall be regarded as infected or suspected if...". Paragraphs 1 and 2 could be merged, Article 50 remaining unchanged.

Dr. MACLEAN (New Zealand) felt that deletion of the conditions under which a vessel should be

regarded as suspected might make it possible for a country to claim that any vessel was suspected.

Dr. DUJARRIC DE LA RIVIÈRE (France) thought that, if no distinction were made between suspected and infected vessels, health authorities might be tempted to take no measures in the case of a suspected ship.

Dr. DUREN (Belgium) thought the two categories should be maintained so that under Article 50 the health authority could choose what should be the degree of severity of the measures to be applied.

The CHAIRMAN suggested that in paragraph 2 of Article 49 the words "of which the cause is not known" should be replaced by "pending confirmation of the cause of mortality".

Dr. BELL would agree with the Chairman's proposal if abnormal mortality among rodents were adopted as a criterion for determining whether a ship was infected. He personally considered the basic measure for the prevention of the spread of plague should be to prevent rats from infected areas from coming on board. To take as a criterion abnormal mortality among rats found on board on arrival would be to make a retrospective diagnosis. Moreover, there might be infected rats on board without abnormal mortality; that also would constitute a danger.

The CHAIRMAN explained that the Expert Committee on International Epidemiology and Quarantine had felt that measures taken to prevent entry of rats might not be completely effective, and if there were abnormal mortality among rats on board—even in the absence of a clinical case of plague—the ship must be considered suspect until the cause of that mortality was discovered.

Dr. MACLEAN proposed the addition of a reference to Article 33 in paragraph 4 of Article 50 to cover removal and isolation of infected persons.

The CHAIRMAN explained that the Legal Subcommittee had felt that since removal of infected persons was a measure common to all the epidemic diseases, provision for it could be included in the general part of the Regulations, to avoid repetition under each disease.

Mr. BRILLIANT (United Kingdom) thought that, in the light of the Chairman's explanation regarding abnormal mortality among rodents, paragraph 4 of Article 50 would have to be expanded to provide for a ship to be considered healthy if, after investigation of the cause of abnormal mortality among rats, that mortality was found not to be due to plague.

The CHAIRMAN asked whether the United Kingdom delegate would be satisfied by the addition of words to the following effect : " or when the health authority has discovered that the abnormal mortality among rodents referred to in Article 49, paragraph 2, reveals that the condition is not due to plague ".

Mr. BRILLIANT agreed so far as the article referred to ships.

*Decision :* In the absence of objections the proposed addition to paragraph 4 of Article 50 was adopted, subject to revision by the Drafting Subcommittee.

Dr. DOWLING, reverting to the United States delegate's remarks concerning abnormal mortality, agreed with the principle that efforts should be directed primarily towards the sources of infection. It was, however, established that abnormal mortality among rodents was the first sign of infection on board and he, therefore, considered that paragraph 2 of Article 49 should be retained. Secondly, the word "effectively" should be added before "carried out" in paragraph 4 of Article 50. Thirdly, referring to the term "free pratique", he stated that in Australia there existed three types of pratique, ranging from partial pratique covering the port of entry to full pratique covering all ports in the country. There should either be a definition of "free pratique" or, preferably, the word "free" should be deleted so as to leave it to the health authority to determine the extent of pratique granted.

Dr. EL-HALAWANI (Egypt), agreeing that paragraph 2 of Article 49 should be retained, recalled that he had suggested at the previous meeting an amendment of the same paragraph to the effect that a ship which arrived within six days of leaving a plague-infected port should be considered suspected.

Dr. GEAR (Union of South Africa) agreed that, theoretically, measures at the port of departure should be sufficient to prevent the spread of infection, but in practice that was not the case. The world did not consist of a few closed communities with regular defined communications with each other. In most parts of the world it was not aircraft nor the regular shipping lines that carried the potential vectors of plague but the small vessels that had no regular schedule and followed no fixed route. He thought that the danger could not be averted by international regulations. The committee should try by means of resolutions addressed to the Health Assembly to bring to the attention of Member States the importance of national internal measures for increasing protection, of paying special attention to the smaller forms of transport he had mentioned, and of refraining, save in exceptional circumstances, from applying to international traffic the maximum measures permitted in the Regulations.

Dr. BELL, referring to paragraph 3 of Article 49, and paragraph 4 of Article 50, asked whether the committee really wanted the Organization to go on record as saying that a ship could leave a plague-infected area on an international voyage with a thousand rats on board and still would not be a danger for the spread of plague.

The CHAIRMAN said there were four proposals before the committee. The first was that of the delegate of New Zealand to add a reference to Article 33 in paragraph 4 of Article 50. He had consulted Mr. Hostie who was in agreement from the legal point of view.

*Decision :* The proposal was adopted, the necessary adjustment being left to the Drafting Subcommittee.

The CHAIRMAN said the second proposal was that of the delegate of Australia to define "free pratique" or to suppress the word "free".

A discussion followed, the CHAIRMAN explaining that the measures laid down in Article 50 and Article 33 might not have been completed until the ship had called at several ports in the country. There was nothing to prevent the health authority from granting pratique for each of the ports at which the ship called while the measures were being carried out. Once they had been completed, full pratique must be given in respect of the disease with which



the ship had been infected and the measures could not be required to be repeated at subsequent ports unless a new incident of epidemiological significance, whether relating to the same or to another disease had occurred, as laid down in Article 35. The term "free pratique" was consecrated by many years of practice and was generally accepted to apply only to the port at which it was granted. As he understood it "free pratique" meant unconditional pratique, whereas if "free" were omitted the pratique granted might be conditional.

Dr. DOWLING would accept "free pratique" as meaning unconditional pratique, provided it applied only to the port where it was granted, but proposed that the word "free" be deleted in paragraph 4 of Article 50.

Dr. MACLEAN and Dr. VAN DEN BERG (Netherlands) considered "free pratique" should be defined.

Dr. JAFAR (Pakistan) and Mr. HASELGROVE (United Kingdom) agreed with the interpretation of "free pratique", a term used in the Sanitary Conventions and which had not given rise to confusion in the past, the latter adding that the deletion of the word "free" would defeat the object of the article.

After a further exchange of views, Dr. JAFAR suggested that the committee accept the term "free pratique" as relating only the port where it was granted (an interpretation recognized by many countries). The master of the vessel would be sufficiently protected by the terms of Article 35 against repetition at subsequent ports of measures taken in respect of a particular epidemiological incident.

It was agreed to leave paragraph 4 of Article 50 unchanged in that respect.

The CHAIRMAN asked whether the committee wished to make any other changes in Article 50.

Mr. HASELGROVE asked for the following amendment of paragraph 1 (b) for purposes of clarification: "(b) disinsecting and, if necessary, disinfection of (i) any baggage of any infected person or suspect and (ii) of any other article...".

He recalled his suggestion in the Sub-Committee on the Mecca Pilgrimage that the Drafting Sub-Committee should consider the desirability of defining quarantine. He asked whether "isolation" in paragraph 3 of Article 50 should not be replaced

by "quarantine", the definition of the former relating only to persons.

#### *Decisions:*

- (1) A vote was taken and it was decided not to define quarantine.
- (2) In the absence of objections, the Australian proposal to add "effectively" before "carried out" in paragraph 4 was accepted.
- (3) The drafting amendments suggested by the delegate of the United Kingdom were referred to the Drafting Sub-Committee.

Dr. EL-HALAWANI repeated his proposal for insertion in paragraph 2 of Article 49 of a clause to the effect that a vessel "even if found to be healthy—should be regarded as suspected if, coming from a plague-infected port, it arrived within the incubation period of the disease.

*Decision:* The proposal was rejected by 9 votes to 7.

Replying to Dr. HENNINGSSEN (Denmark), who remarked that paragraph 1 (b) of Article 50 provided that disinsecting could be applied to any part of a vessel, whilst paragraph 2 provided for a vessel to be deratted in accordance with Article 46, which article made no reference to ectoparasites, the CHAIRMAN said that disinsecting might be applied if considered necessary. To have rodent plague on board and not to derat would be a serious matter.

However, to cover the possibility of the method of deratting used not effecting the destruction of ectoparasites, he suggested that the following wording might be used: "If there is rodent plague on board a vessel it shall be deratted and the ectoparasites destroyed, if necessary in quarantine". On the other hand, it might be left to the discretion of the health authority, who would be anxious to destroy the ectoparasites as well as the rats.

Dr. DAENGSVANG (Thailand) thought the point raised by the delegate of Denmark was covered in paragraph 1 (b) of Article 50.

Dr. DÜREN, further to the suggestions made by his delegation at the previous meeting, proposed that paragraph 2 of Article 49 should be amended as follows: "A vessel shall be regarded as suspected if, in the absence of human plague on board, there has occurred a case of that disease on board within the first six days after embarkation..."—the remainder of the text to be as at present drafted.

It was agreed that the Drafting Sub-Committee be asked to take account of the amendment.

Dr. BELL said that, as most of the provisions in Articles 49 and 50 were concerned with human infection, the essential measure to be taken was to prevent the egress of rats and rat-fleas from vessels coming from ports infected with plague. The present Regulations permitted a vessel from a plague-infected port to proceed, even though it might be heavily infested with rats. There should be a provision that at the first port of call the vessel must be deratted.

He proposed that, in paragraph 2 of Article 49 after the words "A vessel shall be regarded as suspected", the following clause should be inserted: "when arriving from a plague-infected local area and when it is found to be heavily infested with rats", and that paragraph 3 (b) should be replaced by words to the effect that a vessel should not be regarded as healthy when it arrived from an infected local area and was found to be heavily infested with rats.

Replying to a question by the CHAIRMAN regarding his definition of "heavily infested" Dr. BELL said it could not be defined but decision must be left to the health authority concerned.

Professor CANAPERIA (Italy) supported the United States proposal. Under the provisions of paragraph 2 of Article 50, deratting would only be carried out if there was rodent plague on board, but it would be reasonable to allow the health authority to demand deratting of a vessel, arriving from an infected local area and heavily infested with rats.

The United States proposal was supported by Dr. EL-HALAWANI, Dr. PADUA (Philippines) and Dr. DOWLING, but the latter suggested that the amendment to paragraph 3 (b) of Article 49 should read: "in the case of a vessel, there is no evidence of an abnormal mortality among rodents on board nor evidence of heavy infestation by rodents".

Dr. GEAR thought no one would dispute the epidemiological principles on which the proposal was based, but many other practical factors must be taken into account.

He thought that the fears that had been expressed were adequately covered by the provisions of Articles 46, 49 and 50. In addition, the measures under Article 51 (b) provided adequate protection for States which feared the introduction of plague by vessels heavily infested with rats. If national adminis-

trations applied the measures provided for in the Regulations, many small vessels would be completely immobilized in the ports.

The CHAIRMAN asked the committee to refer to the text of Article 51 before taking a decision on the United States proposal.

Dr. JAFAR reminded the committee that, as all vessels engaged in international traffic must be in possession of a valid Deratting Certificate or a Deratting Exemption Certificate, renewable every six months, Articles 49 and 50 provided for all eventualities and Articles 51 for that visualized by the United States delegation. It would be unusual for a vessel to have a valid certificate and at the same time to be heavily infested with rats; in the latter case the health authority could apply paragraph (b) of Article 51.

Dr. BELL agreed with Dr. Jafar that paragraph (b) of Article 51 would cover the case of a vessel arriving from a plague-infected area and found to be heavily infested with rats, but considered that his proposal to amend paragraph 3 of Article 49 should stand.

The CHAIRMAN thought that Article 51, particularly paragraph (b), governed the provisions of Article 49 in that paragraph 3 of the latter article could be modified in exceptional cases under the provisions of Article 51.

Dr. DUREN emphasized the importance of the United States amendment, which would modify certain principles established in the Regulations. Whilst his delegation did not refuse to examine the proposed amendment, a decision should be deferred, to allow time to study the amendment.

*Decision:* On being put to the vote, the proposal to postpone a decision was rejected.

The CHAIRMAN then put to the vote the proposal of the delegate of the United States to amend paragraph 2 of Article 49.

*Decisions:*

- (1) The proposal was adopted by 12 votes to 5.
- (2) With the foregoing decision, the United States proposal to amend paragraph 3 of Article 49 was automatically adopted.

Dr. DOWLING asked for it to be recorded that his delegation was not in agreement with the text of Article 50 as just adopted by the Special Committee.

#### Article 51 [58]

The CHAIRMAN asked whether, in view of the decision to amend Article 49, the committee considered that paragraph (b) of Article 51 was necessary or, at any rate, whether the words "in exceptional cases" were still operative.

Mr. HASELGROVE proposed the deletion of paragraph (b) of Article 51.

The CHAIRMAN then asked whether, in the light of the United States amendment, the committee considered it necessary to insert in paragraph 2 of Article 50, after the words "If there is rodent plague on board a vessel...", the following clause: "...or if the vessel is heavily infested,..."

Dr. BELL considered that in the case of a vessel which was suspected merely because it came from an infected local area and which was found to be heavily infested with rodents, deratting should be only permissive. He suggested that paragraph (b) of Article 51 be deleted and the phrase "in exceptional cases" incorporated in paragraph 2 of Article 49 as already amended.

Professor CANAPERIA suggested that, in view of the adoption of the United States amendment, Article 50 could be simplified by adding, in paragraph 1, a new sub-paragraph (c) reading: "deratting of the vessel" and by inserting, at the beginning of paragraph 2, the clause: "The deratting operations shall be carried out in accordance with Article 46, ...".

*Decision:* By 21 votes to none, it was agreed that paragraph (b) Article 51 be deleted and that the article be referred to the Drafting Sub-Committee.

#### Article 52 [59]

*Decision:* The article was adopted subject to the inclusion of a reference to Article 33, as proposed by the delegate of New Zealand.

#### Article 53 [60]

*Decision:* The article was adopted without discussion.

#### Article 54 [61]

Dr. EL-HALAWANI proposed that paragraph 3 be amended to read:

The health authority of a local area which is not infected may require any person who arrives there on an international journey from an infected local area and who is unable to produce a valid certificate of vaccination against cholera to be placed under observation for a period not exceeding five days from the date of departure from the infected local area.

As the article was drafted, if a person accepted vaccination he would not be subjected to any further measures. In view of the dangerous nature of the disease, he considered his proposal was justified in order to prevent the spread of the disease to other countries.

Dr. PADUA proposed the deletion of paragraph 2 of Article 54, in consequence of the deletion of paragraph 3 of Article 42.

Dr. BIRAUD, Secretary, believed that paragraph 2 of Article 54 should be retained. Some countries were tempted to fix their own standards for anti-cholera vaccines, which differed from those of other countries, so that a person who had been vaccinated with a vaccine prepared according to the standard of his own country might have to be revaccinated when entering another country. Under the provisions of the present Regulations, that could not be required.

Dr. BOYER (France) proposed the insertion in paragraph 3 of a clause stating that vaccination should be followed by surveillance.

Dr. GEAR, being of the opinion that compulsory vaccination certificates were unsatisfactory as applied to international travel—as they created a false sense of security and led some countries to neglect the development of internal sanitary conditions which would enable them to resist cholera and other diseases—proposed that a provision be inserted on the lines of Article 44 which related to plague.

Mr. BRILLIANT said his delegation fully supported the view expressed by the Secretary and opposed deletion of paragraph 2 of Article 54.

Regarding the proposal of the delegate of Egypt to amend paragraph 3, he asked if the word "observation" used in that amendment was intended to mean surveillance.

The CHAIRMAN said he interpreted it as meaning "isolation", as defined.

Mr. BRILLIANT said that his delegation would support the proposal if the word "surveillance" were substituted for "observation".

Dr. EL-HALAWANI gave a detailed explanation of his reasons for considering that surveillance alone was not sufficient to protect a country against the introduction of cholera.

Dr. BICA (Pan American Sanitary Organization) presented that organization's proposals for the amendment of Article 54, as follows :

1. The possession of a valid anticholera vaccination certificate shall be required of any person leaving an infected local area on an international journey.
2. Should such a person be in possession of a certificate of vaccination which is not yet valid, he may nevertheless be permitted to depart, but the provisions of paragraph 3 of this Article may be applied to him on arrival.
3. The health authority of a local area may require any person who arrives there on an international journey from an infected local area and who is unable to produce a valid certificate of vaccination against cholera to be so vaccinated or to be placed under surveillance, or both, for a period not exceeding five days from the date of departure from the infected local area.

Paragraph 4 should be deleted, because it was unreasonable in that it would permit reintroduction of cholera into an area which had been declared infected at a time when active measures were being taken to eradicate the disease.

Dr. DOWLING, believing that the Expert Committee on International Epidemiology and Quarantine had good reasons for considering that vaccination against cholera had some value, supported that view. In connexion with paragraph 3, however, he thought that it would be a doubtful epidemiological procedure to insist on vaccination on arrival, i.e., possibly during the incubation period. He therefore proposed amending the paragraph by deleting the words "to be so vaccinated" after the words "who is unable to produce a valid certificate against cholera".

Dr. DUJARRIC DE LA RIVIÈRE said that paragraph 3, as drafted by the expert committee, reflected the great value of vaccination. Vaccination did not,

however, prevent a person from being a germ carrier and for that reason his delegation considered that vaccination should be followed by surveillance.

Dr. DOWLING withdrew his proposal.

Dr. JAFAR proposed that paragraph 3 be amended to read :

The health authority of a local area which is not infected may require any person who arrives there on an international journey from an infected local area within the incubation period and who is unable to produce a valid certificate of vaccination against cholera to be placed under surveillance...

He explained that the measure could not be applied to a person for all time if he happened to come from an infected local area and that the period must therefore be restricted.

As a preventive measure, vaccination had a high value, not only in endemic areas but also for people travelling abroad. A survey in Southern India had established the fact that vaccination had a definite place in measures against cholera. He thought that his proposed amendment would allay the fears expressed by the delegate of Egypt.

Professor ALIVISATOS (Greece) said that anticholera vaccination as a prophylactic measure did not always give complete protection to the vaccinated person. It was, however, a means of mass protection inasmuch as it considerably reduced the sources of infection. The experience which Greece had acquired on this point in 1912-1913 had, moreover, been confirmed by statistics.

Dr. RAJA supported the proposal.

Dr. BARRETT (United Kingdom) also supported Dr. Jafar's proposal as regarded surveillance. His delegation could not agree with any measure which would place healthy persons in isolation.

Dr. PADUA having withdrawn the proposal he had made earlier, a vote was taken on the proposal of Dr. Gear to insert a provision on the lines of Article 44.

*Decision:* The proposal was rejected.

It was agreed to vote on the remainder of the proposals relating to Article 54 at the subsequent meeting.

*The meeting rose at 12.30 p.m.*

## TWELFTH MEETING

*Thursday, 19 April 1951, at 9.30 a.m.*

*Chairman: Dr. M. T. MORGAN (United Kingdom)*

### 1. Consideration of Draft International Sanitary Regulations

**Article 54** [61] (continuation from previous meeting)

Dr. JAFAR (Pakistan) proposed an alternative wording for the amendment to paragraph 3 he had tabled at the previous meeting. He later agreed to the following wording suggested by the United Kingdom delegation :

Subject to the provisions of Article 29, the health authority of a local area which is not infected may, in the case of a person who arrives there within the incubation period on an international journey from an infected local area, impose the following measures :

- (i) If he is in possession of a valid certificate of vaccination against cholera, he may be placed under surveillance for a period not exceeding five days from the date of departure from the infected local area.
- (ii) If he is not in possession of such a certificate, he may be placed in isolation for a like period.

A person who is unwilling to submit to isolation may be refused admission to the territory but shall be permitted to continue his journey.

Dr. RAJA (India) supported the above proposal.

Mr. HUSSEINI (Saudi Arabia) was in favour of the views expressed by the Egyptian delegation at the previous meeting, namely that surveillance did not constitute sufficient protection to prevent the spread of cholera by persons coming from an infected area. Nor was anticholera vaccination of persons leaving an infected area sufficient to ensure the protection of a country in which such persons arrived : the provisions of paragraph 2 of Article 34 gave support to that view.

Professor ALIVISATOS (Greece) recalled his remarks at a previous meeting, namely, that anticholera

vaccination could not be considered as an absolute measure for the protection of a country against that disease. Moreover, satisfactory immunization could not be presumed before the twelfth day after the injection, and resistance was obtained only after repeated injections. By accepting anticholera vaccination as a protective measure, he was not convinced that Greece could be preserved from the introduction of cholera.

As far as surveillance was concerned, Greece could only accept the provision in the case of persons who remained either in Piraeus, Athens or Salonika, owing to the lack of adequate sanitary services in other places. For those reasons he was opposed to the first alternative, i.e., vaccination, but was prepared to accept surveillance subject to the persons remaining in the ports mentioned for the period of surveillance.

Dr. DUJARRIC DE LA RIVIÈRE (France) was definitely of the opinion that vaccination, under paragraph 3 of Article 54, should be followed by surveillance or observation according to circumstances. He wished to call the attention of the Drafting Sub-Committee to the word "require" ("exiger") in paragraph 3 which should be amended to make clear the intention that a person could choose between vaccination or other measures.

Dr. PADUA (Philippines) was opposed to the view expressed by a number of delegations that vaccination was not a reliable sanitary measure. On the contrary, experience in his country had shown that anticholera vaccination, although it did not confer absolute immunity, was a sound measure if properly carried out with the right strain, titre, dose, and at proper intervals. It would afford protection to an individual who had arrived in an infected local area. He urged that the paragraph be retained as it stood, and interpreted to mean that if an individual was unable to produce a valid certificate of vaccination, he should either be vaccinated or placed under

surveillance, or both, at the discretion of the health authority, for the protection of persons in that area and also of the individual coming from an infected local area.

Dr. DUREN (Belgium) supported the proposal to amend paragraph 3, as drafted by the United Kingdom, and proposed that it be put to the vote.

Dr. EL-HALAWANI (Egypt) recalled his delegation's proposal at the previous meeting to replace the word "surveillance" by "observation", meaning isolation, pointing out that "observation" would be limited to persons coming from infected local areas. Experience during the 1947 epidemic in Egypt had shown that mortality amongst those vaccinated against cholera amounted to 14%, and at least until reliable vaccine standards had been laid down by the Organization, real reliance could not, in his opinion, be placed on vaccination. He maintained his amendment, which he urged should be accepted as a sound course to take on epidemiological grounds.

Dr. RAJA spoke of the high degree of protection afforded by anticholera vaccination in India, where after government measures had been taken to prevent non-vaccinated persons from entering festival centres—formerly the cause of widespread infection—successful results had been achieved.

The CHAIRMAN explained that the proposals of the delegates of Pakistan and Egypt were identical except for the addition of a reference to Article 29.

Dr. EL-HALAWANI maintained that a traveller who was permitted to continue his journey should be kept in isolation until he re-embarked. In connexion with the validity of cholera vaccination certificates, he pointed out that immunity began on the fourth day and was complete only on the eighth day.

The CHAIRMAN, speaking as a member of the Expert Committee on International Epidemiology and Quarantine, explained that, for the purpose of the Regulations, the incubation period of cholera was five days, after which it must be assumed that the person would not contract the disease. The validity of the certificate came into force after five full days, namely on the sixth day.

Dr. BRAVO (Chile) supported the amendment of the delegate of Pakistan, as worded by the United Kingdom delegation. He felt, however, that, pending

the drafting by the Organization of standards for anti-cholera vaccines, the standards in force in the countries administering vaccines should be accepted. He proposed the deletion of paragraph 4 on the grounds that it would permit the reintroduction of cholera into an area which had been declared infected, at the very moment when the authorities of that area were taking action to eliminate infection.

*Decision:* The new text of paragraph 3, as proposed by the delegate of Pakistan, was adopted unanimously and referred to the Drafting Sub-Committee.

Mr. STOWMAN (United States of America) supported the proposal of the delegation of Chile. It was important to recognize that measures could be taken after a place had become infected; moreover, the danger of an epidemic increased if different strains were introduced from an outside area. Accordingly, the right to impose vaccination in such cases should not be restricted.

The CHAIRMAN, replying to requests for clarification from Dr. RAJA and Dr. BARRETT (United Kingdom) in regard to the correct interpretation of paragraph 4, said he understood the intention of that paragraph to be that, in the case of a person wishing to enter an infected local area, the certificate of vaccination should not be a condition of entry. If, however, he wished to remain in that area, for whatever period, he could then be required to submit to the laws of the country concerned.

*Decision:* The proposal of the delegate of Chile to delete paragraph 4 was put to the vote and rejected by 11 votes in favour to 11 against.

#### Article 55 [62]

Dr. BELL (United States of America) did not think that the period of 5 days provided for in Article 55 was in accordance with scientific facts, since it was generally agreed that a cholera case remained infective for 14 days from the onset of the disease. He would make no formal proposal but merely wished to bring the matter to the attention of the committee.

Dr. EL-HALAWANI agreed with the delegate of the United States. He proposed to add to the end of paragraph 2 the words "or if it arrives from an infected local area within the incubation period". The same question had arisen before in connexion with canals and the committee had upheld the point of view of his delegation.

Dr. RAJA and Mr. HASELGROVE (United Kingdom) thought the Egyptian proposal too drastic, as it would mean in effect that all ships arriving from an infected local area would be treated as suspected.

Mr. HUSSEINI proposed that to the end of paragraph 4 be added the words: "provided that the period of incubation has elapsed from the date of departure".

*Decision:* The Egyptian amendment was rejected by 12 votes to 9.

Dr. RAJA thought that by the rejection of the Egyptian amendment the amendment proposed by the delegation of Saudi Arabia was automatically ruled out.

Dr. BELL said that if Article 55 was adopted as it stood the same situation would arise as had arisen with regard to plague: a ship arriving from an infected local area, even the day after departure, would be considered healthy as long as no case had occurred. He wondered whether it was necessary for the definitions of "healthy" and "suspected" to be mutually exclusive. Even if, as the committee appeared to feel, the Saudi Arabian amendment was ruled out, a vote on the definition of a healthy ship need not necessarily affect the definitions of "infected" and "suspected".

He did not, however, accept an invitation by the Chairman to propose a new category in addition to "infected" and "suspected".

*Decision:* Article 55 was adopted.

#### **Article 56 [63]**

The CHAIRMAN, replying to a question by the delegate of Belgium, said that, as he understood it, the last sentence of Article 56 implied that health authorities were required to ensure that the provisions of paragraph 2 were carried out. He also drew attention to a discrepancy between the English and French texts of the sentence in question. It was agreed that the French text should be brought into line with the English.

Dr. EL-HALAWANI proposed that the words "or isolation" be added after the word "surveillance" in the second line of paragraph 1 (a).

There followed an exchange of views between the Chairman and the delegate of Egypt in which the latter maintained that his proposal was intended to bring paragraph 1 (a) of Article 56 into line with the amended text adopted for paragraph 3 of Article 54, while the Chairman considered that the two texts

were already in agreement and that the Egyptian amendment would involve a change in Article 54.

Finally, the CHAIRMAN put to the vote a proposal of the delegate of Pakistan that Article 56 be adopted as it stood.

*Decision:* Article 56 was adopted subject to adjustment of the French text by the Drafting Sub-Committee.

#### **Article 57 [64]**

The CHAIRMAN observed that if the Drafting Sub-Committee chose to employ the word "person" in place of "passenger or member of the crew" in paragraph 2 of Article 57 it would be free to do so, but for the sake of consistency a similar change would have to be made throughout.

*Decision:* Article 57 was remitted to the Drafting Sub-Committee.

#### **Article 58 [65]**

Dr. DUJARRIC DE LA RIVIÈRE suggested that the Drafting Sub-Committee be asked to consider inserting the word "effectively" before the words "carried out".

Dr. MACLEAN (New Zealand) noted that the article should contain a reference to Article 33 as well as to Articles 56 and 57, in accordance with the decision of the committee reached in the case of the article on plague.

*Decision:* Article 58 was remitted to the Drafting Sub-Committee to incorporate the above two proposals.

#### **Articles 59 [66] and 60 [67]**

*Decision:* Articles 59 and 60 were adopted.

#### **Article 61 [68]**

Mr. HASELGROVE suggested for the consideration of the Drafting Sub-Committee that the word "only" in paragraph 2 of Article 61 be removed from its present position and placed after the word "importation".

Mr. STOWMAN proposed that the words "any of the following fresh or refrigerated foods which can be eaten uncooked, namely fish...", beginning at the end of the fourth line of Article 61, be replaced by the words "unsealed foods or beverages that can be consumed uncooked such as fish...". Sealed foods were not subject to contamination.

He also suggested that the Drafting Sub-Committee consider inserting at the beginning of paragraph 3 the words "Notwithstanding the provisions of paragraphs 1 and 2..."

Dr. RAJA noted that under the provisions of paragraph 2 health authorities at ports other than the place of importation would be prohibited from removing the food in question, if it formed part of the cargo. Was that not contrary to the interests of public health?

The CHAIRMAN explained that the expert committee had decided that food cargo in holds was not likely to become infected with cholera.

Dr. RAJA wondered whether the fact that the cargo referred to was the cargo in the hold could be made clear in the text.

Dr. MALAN (Italy) thought that with a view to strengthening prophylactic measures and at the same time avoiding commercial loss as far as possible, the following words should be added to the article: "The importing of fish, shellfish, and fresh or refrigerated fruit and vegetables coming from an infected local area may be forbidden, the unloading of such goods prohibited, and the goods in question destroyed. The prohibition of such imports must be notified in advance, in accordance with the provisions of Article 11."

Dr. JAFAR thought that a reference could also be included to the freight compartments of aircraft.

The CHAIRMAN accordingly put to the vote the proposal that the Drafting Sub-Committee be asked to insert after the word "cargo" in paragraph 2 a phrase to the following effect: "in the hold of a ship or the freight compartment of an aircraft".

*Decision:* The proposal was adopted by 12 votes to 1.

Dr. MACLEAN proposed an amendment to that of the United States delegation. He thought that the enumeration of foodstuffs in the sixth line of Article 61 weakened the effect of its provisions, since certain foodstuffs, such as cooked meats, which were not mentioned, might also convey infection. The words "such as fish, shellfish, fruit and vegetables" should therefore be deleted.

The CHAIRMAN explained that the expert committee, after careful consideration had decided that risk of infection by foodstuffs other than those mentioned was slight.

Dr. DUJARRIC DE LA RIVIÈRE agreed with the Chairman. Tests had shown, for example, that preserved fruits, whose importation from Egypt he had himself at one time proposed to forbid, contained sufficient sugar to obviate all risks of infection. In periods of epidemic there was a general tendency to restrict unnecessarily the importation of many categories of foodstuffs.

After some further discussion, the CHAIRMAN put the amendment proposed by the delegate of New Zealand to the vote.

*Decisions:*

- (1) The amendment was rejected by 14 votes to 2.
- (2) The amendment proposed by the United States delegation was adopted unanimously.

The CHAIRMAN, replying to a question by the delegate of New Zealand, said that the "place of importation" meant the place to which the cargo was destined and at which it was discharged. The Drafting Sub-Committee would be asked to clarify the point.

*Decision:* Article 61 was remitted to the Drafting Sub-Committee.

**Article 62 [69]**

The CHAIRMAN called attention to the footnote to Article 62. It had been inserted as a result of a discussion in the Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine regarding the rights of health authorities to enforce the measures in question.

Dr. EL-HALAWANI proposed that Article 62 be amended to read: "Persons arriving from a cholera infected area may be required to submit to bacteriological examinations". The article as it stood seemed in conflict with scientific knowledge. If bacteriological examination were to be permitted in the case of the other epidemic diseases, it seemed illogical to include a special article prohibiting it in the case of the most dangerous.

Dr. MALAN suggested that, since healthy carriers were a danger, it might perhaps be advisable to allow persons who were not in possession of a valid vaccination certificate the choice between stool examination followed by surveillance, and isolation.

Dr. DUJARRIC DE LA RIVIÈRE supported the proposed amendment subject to some small amendments. In his opinion, it constituted a compromise,



justified by the present state of epidemiological knowledge, between Article 62 as it stood and the provisions of the International Sanitary Convention, 1926, under which persons under observation must submit themselves to any clinical examinations considered necessary by the health authorities. While it was true that cholera vaccination did not make bacteriological examination wholly unnecessary, it had been established that in general only persons recently infected with cholera were any real danger, and then only for a short time.

Professor ALIVISATOS drew attention to the fact that besides the classic cases of cholera there were also certain cases of slight diarrhoea, caused by cholera vibrios, which did not prevent the persons affected from travelling or from following their occupations, but which did make them a danger. Such cases could only be diagnosed clinically by bacteriological examination, and such examination should therefore be authorized.

Dr. RAJA recalled that it had been largely on the basis of an investigation carried out over a period of a year in endemic areas by the Indian Council of Medical Research that the Expert Committee on International Epidemiology and Quarantine had decided that the carrier was unimportant in the spread of cholera. That investigation had also shown that the period during which a person who had recovered from cholera still excreted vibrios from the gut rarely exceeded five days. He referred the committee to a paper by Dr. C. G. Pandit, "The role of the carrier in the spread of cholera" (issued by WHO as document WHO/Epid/48) in which the results of the investigation had been made public. Since that paper there had been a further outbreak and a further investigation had confirmed the conclusions reached previously, namely that the danger of the spread of cholera by contact—even, in the area where the outbreak occurred—was small and that persons acquiring the infection did not carry it sufficiently long to constitute a danger from their participation in international traffic: in the case of maritime traffic, most voyages lasted longer than five days; in the case of air traffic, the standards of living and hygiene of persons who normally travelled by air were higher than those of the persons who were the subject of the investigation.

The proposed insistence on stool examinations was therefore of little significance; the article should remain unchanged.

Dr. EL-HALAWANI agreed with the delegate of Greece that persons suffering from diarrhoea provoked by the cholera vibrio might be a danger.

It must not be supposed that the results of the investigation carried out in India had found general acceptance. None of the text-books used in medical schools all over the world, even those published within the past year, denied the importance of the carrier in spreading cholera. The same was true of official publications such as those of the War Office in London and of the United States Government.

As to the claimed shortness of the period during which vibrios might persist, records of Egyptian cases of cholera in 1947 showed that vibrios were found after 15 days in no less than twenty per cent of cases, which could hardly be called an insignificant proportion. Furthermore, nobody would claim that the possibility of ambulatory cases could be neglected.

Dr. RAJA observed that the delegation of Egypt appeared to think that India was alone in maintaining the unimportance of the cholera carrier. As far back as 1932 the Office International d'Hygiène Publique had ordered extensive investigations which had been carried out between 1934 and 1940 in five laboratories in different parts of India. The results of those investigations had been in accordance with the views he had expressed.

Dr. DUJARRIC DE LA RIVIÈRE suggested that since, according to recent evidence, cholera vibrios were considered to constitute a real danger only for a limited period, Article 62 might be adjusted by introducing the notion of a time-limit. Though not himself an expert in the matter, he thought that the period of real danger was probably about 15 days after onset of the disease.

Professor MOOSER (Switzerland) said that the results of an investigation conducted in Egypt in 1947 by the Swiss Red Cross contradicted the views put forward by Dr. El-Halawani. In a village where more than ten per cent of the population had been infected with cholera, rectal swabs taken of more than a thousand persons 14 days after the occurrence of the last case had revealed no vibrios.

Dr. EL-HALAWANI said that the figures on which he placed his conclusions were those for the whole of Egypt and not merely for a local area, like those quoted by the delegate of Switzerland. He approved the suggestion of the delegate of France.

In reply to a question by Dr. BARRETT, he said that the text proposed by the delegation of Egypt was intended to be applied with discrimination so as not to detain traffic unduly.

Dr. JAFAR had gathered from the remarks of the delegate of Egypt that he had the convalescent in view. Since it was unimaginable that a cholera case could be capable of travelling within 14 days of his recovery, there seemed to be no need for the proposed provision.

Dr. BELL observed that the remarks of the delegate of Egypt had implied that United States official publications stressed the importance of the carrier in spreading cholera. In fact, *The control of communicable diseases in man*,<sup>5</sup> while enumerating the

<sup>5</sup> American Public Health Association (1950) *The control of communicable diseases in man*, New York

various sources of cholera infection, did not evaluate their relative importance.

He was inclined to agree with the delegate of India that the importance of the carrier was slight and thought that the article should remain unchanged unless convincing evidence to the contrary could be brought.

The case of diarrhoea mentioned by the delegate of Greece were surely cases with symptoms of cholera, incipient or otherwise, and were therefore not relevant to the discussion of an article dealing with persons without symptoms of cholera. Those persons had symptoms suggestive of cholera, and Article 62 did not prohibit their bacteriological examination.

The discussion of Article 62 was adjourned.

*The meeting rose at 12.15 p.m.*

### THIRTEENTH MEETING

*Thursday, 19 April 1951, at 2.15 p.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

#### 1. Consideration of Draft International Sanitary Regulations

##### Article 62 [69] (continuation)

Dr. PADUA (Philippines) said the observations of the delegate of Egypt at the previous meeting were borne out by the experience in the Philippines at the time when they had epidemics. Although the extent of the part played by carriers of vibrios was still unknown, experiments had shown that there was a correlation between them and the incidence of cholera cases.

Dr. RAJA (India) said that since Pakistan had become a separate country, cholera had not been introduced into Western Pakistan, although Eastern Pakistan was an endemic area and hundreds of persons travelled from Eastern to Western Pakistan daily without any let or hindrance. In those circumstances, although his delegation had the fullest sympathy with a country which feared the disease, it asked that a more sober attitude be adopted with regard to the measures applied to foreign travellers.

Dr. EL-HALAWANI (Egypt) thought that it was not possible to draw a parallel between Pakistan and Egypt which was an extremely receptive country and was not likely to forget very soon the experience of 1947. Although Western Pakistan was an epidemic territory, a good deal of cholera was present there. He did not understand the delegate of India's objection to incorporating a safety measure. As he had stated earlier, it was not in the interest of Egypt to apply the measures indiscriminately and since stool examination had been introduced there had been no objections. His amendment left it to the discretion of the health authority to impose that measure or not.

Professor ALIVISATOS (Greece), reverting to a point he had raised at the previous meeting, said that Article 62 only took account of classical symptoms and left aside all abortive, latent and sub-clinical forms of the disease. Knowledge accumulated over a long period was confirmed by the Hamburg epidemic, when it was found that there were approximately four times the number of cases of diarrhoea

(more or less serious in nature) than of confirmed cases of cholera. The small Nietleben epidemic had been caused by an undeveloped case from Hamburg which did not show the classical symptoms of cholera. Greece had had the same experience in 1912-1914. The case of germ-carriers—which might not be of very great importance in the spread of the disease—must therefore not be confused with that of undetected forms of cholera, which were very dangerous. The negative way in which Article 62 was worded made it impossible to establish a clinical diagnosis in such cases. Moreover, the article was in opposition with the modern concepts of medicine. The Greek Government could not accept this limitation and stool examination would be resorted to if necessary and carried out with all discretion. He proposed the deletion of the words “stool examination or” from Article 62.

Dr. JAFAR (Pakistan) confirmed the remarks of the delegate of India concerning the non-introduction of cholera into Western Pakistan from Eastern Pakistan and said that, contrary to the statement of the delegate of Egypt, there had been no cases of cholera in Western Pakistan since Pakistan became a separate State. He asked that the Egyptian amendment be put to the vote.

The committee decided, by vote, to take a decision immediately on the Greek amendment, which constituted an amendment to the Egyptian proposal.

The CHAIRMAN recalled that the Greek proposal was to delete “stool examination or” in Article 62 as drafted. The Egyptian proposal was to replace the article by “Persons arriving from a cholera-infected area may be required to submit to bacteriological examination”.

In reply to Dr. RAJA who, on a point of order, said that bacteriological examination could be interpreted as either stool examination or rectal swabbing, or both, Dr. EL-HALAWANI said his amendment referred to stool examination only.

The CHAIRMAN disagreed and further pointed out that the amendment made no reference to persons without symptoms.

#### *Decisions:*

- (1) A vote was taken on the amendment of the delegate of Greece, which was adopted.
- (2) The proposal of the delegate of Egypt was rejected by 14 votes to 7.

Dr. EL-HALAWANI asked that the Egyptian reservation on the point of stool examinations be recorded.

The CHAIRMAN replied that the reservation would arise for consideration by the Health Assembly under Article 104 of the Regulations.

The second vote just taken meant that Article 62 remained as drafted. He questioned, however, whether bacteriological examination was not a part of the preliminary examination referred to in the last sentence of Article 23.

Dr. RAJA said he had understood from the discussion on Article 23 that, while the medical investigation under that article might include bacteriological examination, stool examination was precluded in the case mentioned in Article 62. He recalled that the delegate of Egypt had at that time reserved the right to bring the question up in connexion with Article 62. Dr. Raja assumed that in view of the decision to maintain Article 62 as drafted, the position was as he had described it.

The CHAIRMAN and Dr. VAN DEN BERG (Netherlands) agreed with the interpretation of the position given by the delegate of India.

Replying to a question by the CHAIRMAN, Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, said he thought the Drafting Sub-Committee, which was at that moment discussing Article 23, would propose that the last sentence should be amended to read “Except as limited in Article 62”.

Dr. BELL (United States of America), fearing that reservations would impair the effectiveness of the Regulations, asked whether the reservations to Article 62 could be withdrawn if a second paragraph were added to the following effect: “A person arriving from a cholera-infected area within the period of incubation of the disease and presenting symptoms suspicious of cholera may be submitted to stool examination”.

After a discussion as to whether it was necessary to decide by a two-thirds majority to reopen discussion of Article 62, the CHAIRMAN ruled that the proposal should be treated for the time being as a new article.

Dr. BJØRNSSON (Norway), Dr. DUREN (Belgium) and Dr. PADUA (Philippines) supported the United States proposal.

Following a remark by Dr. DUREN, the CHAIRMAN suggested replacing the word "suspicious" by "indicative".

Professor CANAPERIA (Italy), seconded by Dr. VAN DEN BERG, suggested that the United States proposal was unnecessary. The definition of "infected person" referred to a person presenting clinical signs of cholera. Moreover, the ship or aircraft being infected, stool examination of the persons on board must be possible since there were no other means of determining whether they had cholera.

Dr. BELL said the United States proposal took account of the objection. The interpretation of "persons without symptoms" had given rise to misapprehension and resulted in expressed reservations. He interpreted Article 62 as meaning that if a person from a cholera-infected area had any symptoms of cholera he could be subjected to stool examination, but others had obviously interpreted "without symptoms of cholera" as meaning persons without all classical symptoms. The new sentence suggested by the United States delegation was exclusively to clarify interpretation in the hope of preventing reservations. He accepted a proposal by Dr. MACLEAN (New Zealand) to substitute "cholera-infected local area" for "cholera-infected area".

Dr. RAJA suggested that bacteriological examination might be interpreted as including rectal swabbing by health authorities who considered that the most effective way of obtaining a sample. It should be made clear that rectal swabbing was excluded.

Dr. BELL, replying to a question by the CHAIRMAN, said his intention had been to leave it to the person carrying out the bacteriological examination whether or not to take a rectal swabbing and that rectal swabbing should not be done when the patient objected and other non-objectionable measures were available.

The CHAIRMAN said it might be desirable to include an article in the Regulations to the effect that vaccination and rectal swabbing and any bacteriological procedure involving an operation on the person should not be carried out without the consent of the person concerned.

*Decision:* A vote was taken and the committee adopted the United States suggestion to insert a new provision to the effect that "A person arriving

from a cholera-infected local area within the period of incubation of the disease and presenting symptoms suspicious (indicative) of cholera may be required to submit to stool examination". The provision was referred to the Drafting Subcommittee for drafting in the light of the discussions and for a proposal as to whether it should form a separate article or a second paragraph to Article 62.

## **Appendix 2 : International Certificate of Vaccination or Revaccination against Cholera**

Dr. EL-HALAWANI reverted to remarks he had made at the previous meeting and proposed extending the period before the certificate of vaccination became valid from 5 to 7 days.

Dr. RAJA felt that there was too wide a difference between the requirements for pilgrims and those for ordinary passengers. He seconded the proposal to alter to 7 days the period specified in the second paragraph of the text below the form.

The CHAIRMAN suggested that, the incubation period for cholera being 5 days, it was not necessary in the case of an ordinary passenger to stipulate a further period before the certificate became valid. In comparing pilgrims and ordinary passengers the question of the degree of immunity required arose.

Dr. RAJA thought that the question of the incubation period, which was 5 days, should be kept distinct from that of the period required for full immunity which was 7 days. A person might be inoculated a day or two before leaving an infected area by air and although the incubation period might be over when he arrived, he might not be immune and might still develop cholera.

Professor ALIVISATOS expressed the opinion that a single strong dose of vaccine only gave a moderate degree of immunity. He proposed that two injections should be required at an interval of seven days, the certificate becoming valid on the date of the second injection.

Dr. EL-HALAWANI, supporting the views of the delegate of India, said his delegation was prepared to accept seven days as a compromise, although it considered that immunity would not be complete until the eighth day.

The CHAIRMAN put to the vote the question whether the period required for a certificate of vaccination to become valid should be prolonged. The result of the vote was in favour of prolongation.

*Decision:* It was decided by vote that the validity of the certificate of vaccination against cholera should commence six days after the date of vaccination.

Dr. GEAR (Union of South Africa) said that the procedure of authentication was not a medical or health procedure but an administrative and legal one and should be considered from that aspect. There was much evidence that it was a difficult and expensive procedure to arrange and supervise. He therefore proposed that the paragraph beginning "The professional status of the vaccinator..." be replaced by the following :

An official stamp indicating the official status of the vaccinator as prescribed by the national health administration shall be placed in the space provided.

In reply to questions, Dr. Gear said that each country could make arrangements that would include territories belonging to it and cover its ships and aircraft and, in the case of a ship's surgeon who vaccinated a person during a voyage, an appropriate stamp could be supplied to him which would validate the certificate.

Mr. HASELGROVE (United Kingdom), Dr. BERGMAN (Sweden) and Dr. VAN DEN BERG supported the proposal.

*The committee adjourned for a short interval to allow delegates to study Dr. Gear's proposal.*

Dr. JAFAR said there was the question on the one hand of cumbersome administrative procedure and, on the other, of the reliance which a country must place on certificates issued by another country. He quoted instances where the health authorities of his own and other countries had had to question the bona fides of persons who had signed certificates. The forging or faking of certificates was an unpleasant fact but one which must be faced. There must be a responsible person to identify a vaccinator and say whether he was authorized to perform vaccinations. He therefore strongly opposed the elimination of a governmental authority from the procedure.

Professor ALIVISATOS said that his delegation could not agree to accept certificates without authentication.

Dr. RAJA explained that the paragraph in the certificate drafted by the Expert Committee on International Epidemiology and Quarantine and now before the meeting had been included because all that was being done in the matter of authentication was the identification of the signature of the vaccinator, and naturally the authenticator could not in all cases say he had seen the vaccination performed. It had been felt that a variety of persons could be authorized by a government or by the public-health administration of a territory to certify that the vaccination had been done.

He considered that for a country like India, for example, it was desirable to retain the paragraph. However, if the authentication had in every case to be made by a government official and a stamp put on the certificate, an undue strain would be placed on such officials.

*Decision:* The proposal was adopted by 12 votes to 10.

The CHAIRMAN, in reply to Dr. PADUA, who asked if the official stamp would include the signature of the vaccinator, said that the existing form of certificate would be replaced by that reproduced in the draft Regulations when the latter entered into force, and that the third column would be headed : "Official stamp of the vaccinator".

Dr. BELL asked if the effect of the amendment would mean that every country would automatically accept vaccinations performed by military authorities, to which the CHAIRMAN replied that the internal administrations of the countries concerned would recognize an official stamp for military organizations and such other organizations as they considered appropriate.

## **Chapter V — Typhus, and Chapter VI — Relapsing Fever**

Dr. HEMMES (Netherlands), commenting on Chapters V and VI in general, said that paragraph 2 of Article 82 contained provisions for disinsecting of persons leaving a local area infected with typhus or relapsing fever, and paragraph 2 (b) of Article 25 provided that the health authority of the local area of departure would take measures to prevent the introduction of vectors on board a vessel, aircraft, train or road vehicle. If those measures were applied, it would appear superfluous to include other measures to prevent the introduction of the two diseases, as in Articles 81, and 83 to 88. He therefore proposed the deletion of the articles he had mentioned.

Dr. GEAR referred to the suggestion which he and some other delegates had made at a previous meeting, that Chapters V and VI should be examined from the aspect of whether they were necessary in view of the present development of medical science. It should particularly be borne in mind that the provisions of Parts III and IV should be adequate to protect any country against the entrance of a typhus-infected person or of lice. Any emergency actions which might be required were provided for in the WHO Constitution.

He therefore proposed for consideration the possibility that Chapters V and VI be deleted.

### Definition of "Typhus"

Professor MOOSER (Switzerland) asked if every case of typhus was to be considered as louse-borne typhus, saying that murine typhus was probably the type most commonly encountered. He proposed that the definition be amended to say that cases of typhus should be considered as louse-borne typhus until a proper laboratory diagnosis had proved otherwise.

The CHAIRMAN thought that, if the substance of the proposal were accepted, it would be preferable to insert a separate article to the effect that persons presenting clinical signs of typhus should be regarded as suffering from louse-borne typhus until the contrary had been proved by laboratory examination.

Dr. RAJA was doubtful whether it would be right to make the statement in that form since there were fairly definite geographical limits for the disease.

Professor MOOSER pointed out that the medical officer of a vessel or of a port would not be able to decide whether a case was louse-borne typhus.

Dr. BELL supported Dr. Raja's view. A person on board a vessel coming from North America or other parts of the world where louse-borne typhus had not been present for a long time should not, in the absence of evidence, be regarded as having louse-borne typhus. It should not be necessary to take the negative view.

On the suggestion of the CHAIRMAN, it was agreed to defer the question of amending the definition until the separate articles had been considered.

### Chapter V — Typhus, and Chapter VI — Relapsing Fever (continuation)

Returning to Dr. Gear's proposal, the CHAIRMAN said that to delete the whole of Chapters V and VI would be to delete the restrictions on measures which could be taken in respect of a vessel or aircraft on account of typhus or relapsing fever, so that the health authority at the port of arrival could do what it liked.

Dr. RAJA believed there was something definite in Dr. Gear's point of view, in the sense that louse-borne typhus did not enter into the picture in relation to international travel. There was also the question of defining louse-borne typhus in such a manner as to make practical action possible. Taking all things into consideration, he thought that it might be better not to make any specific reference to it in the Regulations.

Dr. EL-HALAWANI said his delegation could not accept the deletion proposed by Dr. Gear. On epidemiological grounds, disinsecting alone was not sufficient; there was also the question of the excreta of infected lice. Moreover, the newer insecticides were not readily available in some countries.

Mr. HASELGROVE pointed out that the provisions of the Regulations were maximum measures which countries might apply against certain epidemic diseases. The effect of deleting Chapter V would be to place typhus in the category of diseases in respect of which no maximum measures were laid down, with the result that countries would be free to impose any measures they wished in respect of that disease. He hoped that countries would not view the Regulations in the sense that the measures must always be applied: it was for a country to decide not to apply them, either wholly or in part, if not necessary.

Dr. GEAR said he did not consider that the exclusion of typhus from the Regulations would allow any health administration to do what it liked. If that were the view of the committee it was tantamount to inviting administrations to do what they liked in respect of all diseases not covered by the Regulations. As he interpreted them, the Regulations were intended to limit action against all diseases in international travel in normal circumstances. That was a fundamental point which he thought should have been cleared up first of all.

The CHAIRMAN said that he and Mr. Hostie were drafting a revised text of Article 24—to be submitted

for the committee's consideration—which would deal with the point raised by the delegates of the Union of South Africa and the United Kingdom.

He reminded Dr. Gear that his proposal could not be considered if any delegation opposed it, as had been done by the delegate of Egypt. The committee could, however, decide to delete the separate articles of the chapters one by one.

Dr. GEAR replied that, in the circumstances, as there was a doubt as to the position of diseases other than the six specified, he must withdraw his proposal.

Dr. HEMMES said his delegation considered that Chapters V and VI could not be deleted in their entirety, as the two diseases to which they referred would then not be mentioned in the Regulations and there would no longer be any reason for providing for disinsecting under Article 25.

The articles in Chapters V and VI were then considered by the committee seriatim.

#### **Article 80 [88]**

*Decision:* The article was adopted.

#### **Article 81 [89]**

*Decision:* The article was adopted.

#### **Article 82 [90]**

*Decision:* Discussion on the article was begun, deferred and reopened later.

#### **Article 83**

*Decision:* On the proposal of Dr. VAN DEN BERG it was decided by 9 votes to 6 to delete the article.

#### **Article 84**

Mr. HASELGROVE proposed the deletion of the article in consequence of the decision to delete Article 83.

Mr. STOWMAN (United States of America) supported the proposal.

*Decision:* By 9 votes to 5, it was decided to delete the article.

#### **Article 85 [91]**

Dr. BRAVO (Chile) proposed that, in consequence of the deletion of the two previous articles, the article be deleted.

Dr. MACLEAN proposed, as an alternative to the deletion of the whole article, the deletion of the word "healthy" and insertion of the word "forthwith" before "free pratique".

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

#### **Article 86 [92]**

Dr. VAN DEN BERG proposed deletion of the article, in consequence of the deletion of Article 84.

*Decision:* The proposal was unanimously adopted.

#### **Definition of "Typhus"** (continuation from page 98)

Returning to the point raised earlier by the delegate of Switzerland, the CHAIRMAN said that, as Articles 80, 81, 82 and 85 remained in the chapter, the committee must decide whether a distinction should be made in respect of louse-borne typhus.

Dr. BELL considered, and Professor MOOSER agreed, that no distinction was necessary, because the remaining reference to typhus only concerned measures to be taken on departure.

#### **Article 82 [90] (continuation)**

Dr. EL-HALAWANI said that, as a result of the deletions just made, there was no provision for disinfection of the baggage of infected persons; that should be rectified.

Discussion of Article 82 having been reopened, he accepted the CHAIRMAN's suggestion that a clause should be added to paragraph 1 of Article 82 to the effect that, on departure from an infected local area of any person considered by the health authority to be liable to transmit typhus, the clothes he wore, and his baggage, might be disinfected and, if necessary, disinsected, or both.

Dr. RAJA proposed the addition of the words: "or any other articles likely to convey infection".

Dr. DUREN believed it was necessary to add those words but that it was not necessary to require both disinfection and disinsecting in all cases. He suggested the following wording: "His clothes, baggage and other articles likely to convey infection shall be disinsected and, if necessary, disinfected."

Dr. HEMMES said that, although a person would be disinsected before departure from his own country, under paragraph 2 of Article 82, he was required to be disinsected again. He did not consider that necessary.

The CHAIRMAN replied that disinsecting could be repeated only if the health authority considered it necessary. Paragraph 1 of Article 82 provided for measures on departure, but, even so, a person who had left an infected local area within the previous 14 days might, if the health authority at the place of arrival so decided, be disinsected and put under surveillance.

Dr. VAN DEN BERG said that, as he interpreted the article, the provisions in both paragraphs 1 and 2 referred to measures on departure, and that measures on arrival began in Article 84.

The CHAIRMAN did not believe that was the intention. He suggested that the Drafting Sub-Committee be instructed to make it clear that paragraph 1 referred to the health authority of the place of departure and paragraph 2 to that of the place of arrival.

Dr. BERGMAN then proposed that a clause be inserted in paragraph 2 of Article 82 stating that the clothes and baggage of an infected person must be disinsected.

In reply to Dr. HEMMES, who said that if the health authority at the place of arrival were allowed to disinsect again, it would imply that the disinsecting at the place of departure was not reliable, Dr. BERGMAN said that both paragraphs provided for the health authority to decide whether disinsecting was necessary.

Dr. HEMMES then said that the wording of paragraph 2 of Articles 25 made it appear compulsory for the health authority to apply the measures on departure.

Dr. MACLEAN said the possibility must be envisaged of a case of typhus occurring on board a vessel 14 days after its departure and of the health authority being advised, so that it could take action.

Dr. BARRETT (United Kingdom), supporting the proposal of the delegate of Sweden, said it was quite clear that there were many reasons why a person, even though he had been disinsected at the place of departure, might require to be disinsected again at a place of arrival.

Dr. BERGMAN, on the suggestion of the CHAIRMAN, amended his proposal to the addition at the end of paragraph 2 of the words "The same measures may be applied to his clothes and his baggage as in paragraph 1".

#### *Decisions:*

- (1) The proposal of the delegate of Sweden was adopted.
- (2) Chapter V as amended was referred to the Drafting Sub-Committee.

#### **Article 87 [93]**

*Decision:* The article was adopted without discussion.

#### **Article 88 [94]**

#### *Decisions:*

- (1) The article was adopted subject to amendment of the numbers of the articles referred to in the first line, in consequence of the deletions in Chapter V.
- (2) Chapter VI thus amended was referred to the Drafting Sub-Committee.

*The meeting rose at 5 p.m.*



## FOURTEENTH MEETING

Friday, 20 April 1951, at 9.30 a.m.

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

# 1. Consideration of Draft International Sanitary Regulations (continuation)

## Chapter III — Yellow Fever

Dr. DUREN (Belgium) recalled that the Special Committee had accepted a previous proposal by his delegation to delete the reference to yellow-fever endemic areas from the definition of "infected local area" (see page 56). That proposal had been made on the grounds that :

(a) yellow-fever endemic areas might include large regions extending over several territories ;

(b) their limits were neither fixed by the governments of the territories concerned nor specified in the Regulations ;

(c) they were considered to be permanently infected and conditions which had to be fulfilled before they could cease to be so regarded had not been laid down ;

(d) while, according to the definition in the Regulations, yellow-fever endemic areas were areas in which *Aedes aegypti* was present and in which the virus persisted in jungle animals, delimitation of the endemic areas was in fact based on the test for immunity in man and therefore such areas extended well beyond the jungle.

Dr. Duren then summarized a note from his delegation which was a continuation of that previous proposal and which drew attention to the special position of yellow fever, as the only disease, of the six epidemic diseases covered by the Regulations, for which the endemic areas had been delimited. Furthermore, the yellow-fever endemic areas were considered to be permanently infected.

In view of these factors, the Belgian delegation considered that :

(1) yellow-fever endemic areas should be given the chance of losing that characteristic, and conditions should be laid down under which the areas could be declared to be no longer endemic ;

(2) measures against *Aedes aegypti* should be taken in ports and at frontier posts open to international traffic both in the endemic and receptive areas ;

(3) in endemic areas, if local areas became infected by the presence of a case of human yellow fever, the Regulations specifically concerned with local areas should be applied ;

(4) the various articles of Chapter III should be reviewed to determine which measures should be applied to the endemic areas as a whole and which to the infected local areas.

## Article 63 [70]

Dr. EL-HALAWANI (Egypt) believed there was no necessity for consultation with the States concerned in the delineation of yellow-fever endemic areas : it could be done satisfactorily and quickly by WHO through its Expert Committee on International Epidemiology and Quarantine. He therefore proposed the deletion from Article 63 of the words "in consultation with each of the States concerned".

Secondly, he proposed the addition of a second paragraph, on the following lines :

A country inside whose territory are found yellow-fever endemic or epidemic areas shall be considered wholly an infected area unless an internal quarantine barrier is permanently established to guarantee that no infection passes to a non-infected area.

Dr. BARRETT (United Kingdom) said his delegation considered consultation with the States concerned absolutely necessary. The economic systems of a large number of territories which were either included in or excluded from the delineations depended to a great extent on the operation of the measures applied to yellow-fever endemic areas and the alteration of a delineation might cause serious difficulty.

The United Kingdom delegation considered the second proposal of the delegate of Egypt a drastic one. Many countries in yellow-fever endemic areas could not possibly finance the establishment of a

really effective quarantine barrier ; it was thought that countries outside such zones could help by establishing their own barriers.

Dr. DUREN could not accept the second proposal of the delegate of Egypt ; it contained new elements and some, regarding the creation of a permanent quarantine barrier against yellow fever, which were rather vague. The Belgian delegation recognized the necessity for including, in the chapter on yellow fever, a provision to replace the part of the definition of infected local area which had been provisionally deleted (see page 286). He suggested the following, which seemed to him preferable to the text proposed by the delegate of Egypt :

Unless otherwise stipulated, the measures applicable to yellow-fever infected local areas or yellow-fever suspected areas are applicable to yellow-fever endemic areas.

Dr. GEAR (Union of South Africa) asked what was meant by the term " yellow-fever suspected areas " in the Belgian proposal.

The CHAIRMAN drew attention to the working party's definition of " infected local area " and reminded Dr. Duren that the term he had used was not defined.

Dr. DUREN agreed to delete the words " or yellow-fever suspected areas " from the text he had proposed.

Dr. JAFAR (Pakistan) was of opinion that, in the interests of all concerned, the question of the delineation of yellow-fever epidemic or endemic and receptive areas should be judged entirely on scientific data, which could be collected and examined by the Expert Committee on International Epidemiology and Quarantine, and that economic and other factors—such as political ones—should not be taken into account.

The CHAIRMAN said that the expert committee would take no action without consulting the Yellow-Fever Panel.

Dr. RAJA (India), whilst agreeing that the fundamental consideration in the delineation of yellow-fever infected areas should be the presence or absence of infection, said WHO might often have to depend on the collaboration of the States concerned for the

collection of data. Clearly, such procedures as mass protection tests in humans, the investigation of the incidence of infection in animals and viscerotomy in the case of human deaths could not be carried out inside a country by any international organization without the consent and co-operation of the State.

The draft text of Article 63 under discussion put the responsibility for delineation on WHO. In the interests of satisfactory delineation and of goodwill—which would form an essential background for the operation of the Regulations—the words " in consultation with each of the States concerned " should be retained.

Dr. DUREN agreed with the delegate of India regarding the necessity for consultation. His delegation wished to know the criteria to be used by WHO when deciding, in consultation with the States concerned, whether a territory was entirely or partly an endemic area. Those criteria did not appear to have been adequately defined. According to the definition, there were two essential conditions : first, *Aedes aegypti* must be present ; secondly, the virus must have persisted for long periods among jungle animals. However, in delineating endemic areas, yellow-fever experts took account of conditions other than those covered by the definition ; they did not look for the virus among jungle animals but carried out tests for immunity in man, not only in tropical jungle areas but also in regions well beyond them.

In view of the apparent contradiction, he asked the committee to recommend the question to the Health Assembly for further study.

Mr. STOWMAN (United States of America) also agreed that States must be consulted in regard to delineation.

He considered that the consequences of the addition in the second proposal of the delegate of Egypt would be much more serious. No quarantine barrier could ever be established to guarantee that no infection would pass. Moreover, his delegation felt that it was beyond the competence of the present committee to demand the establishment of such a barrier. From the practical point of view, also, it would be impossible to establish a barrier over territories in the interior of the South American countries or Africa. The only effective barrier would be the eradication of *Aedes aegypti*, and to say that a whole country should be considered as infected because of jungle infection—which could not possibly spread over the frontier—at some particular

place would be to discount all the work which had already been done in that respect. He gave details of results achieved in the campaign being carried on in co-operation with the Pan American Sanitary Bureau.

Mr. Stowman felt sure that neither the United States nor the sister republics of the Americas, would be able to accept a proposal such as that of the delegate of Egypt.

Dr. BRAVO (Chile), supporting the point of view of the United States delegation, proposed that Article 63 be retained in its present form. He could not accept the proposal of the delegate of Egypt, because many countries in South America—fortunately Chile was not one of them—contained small yellow-fever areas and the proposal would mean that practically all South America would be considered as an infected area.

Dr. EL-HALAWANI said his amendment did not seek to impose an internal quarantine barrier in any country; it merely stated that a territory would be regarded as infected unless an internal quarantine barrier were permanently established.

Regarding the South American republics, he had found when visiting Brazil during the previous year that air travel was extensively used and that movement was not restricted. Unless there was some provision such as he had proposed, there would be no safeguard against the introduction of yellow fever into other countries.

*Decision:* By 15 votes to 2, the proposal of the delegate of Egypt for the deletion of the words "in consultation with each of the States concerned" was rejected.

Dr. RAJA said that, if he had correctly interpreted the statement of the delegate of the United States, a barrier such as that asked for by the delegate of Egypt in his second proposal was established and being maintained.

The CHAIRMAN felt that it depended on what was meant by an internal quarantine barrier.

Dr. GEAR agreed, saying that the delegate of the United States had put forward the same arguments which he would have done. From a scientific point of view, the only protection for a country against yellow-fever was to be sure that it had either elimi-

nated *Aedes aegypti* or had the means available to deal with them quickly. That was the kind of internal quarantine barrier which he thought the United States delegation envisaged and which his own country believed in.

Dr. DUREN believed the time was not opportune to add a provision that the destruction or elimination of *Aedes aegypti* be considered as the kind of barrier being discussed: such an addition, in his opinion, would be absolutely useless. The definition of an endemic area was based entirely on the presence of *Aedes aegypti*: therefore, if they were not present, an area could no longer be considered as endemic.

Dr. EL-HALAWANI said that the purpose of his amendment was to ensure that persons moving from an infected area to an endemic area and afterwards travelling on an international journey should be in possession of a valid certificate of vaccination against yellow fever. He did not stipulate that countries should establish quarantine barriers in the sense interpreted by the other speakers: he had used the word "unless".

The CHAIRMAN said that anyone travelling on an international journey from or through an endemic yellow-fever area was required to have a certificate of vaccination against the disease.

*Decision:* The proposal to add a second paragraph to Article 63 was rejected by 13 votes to 5.

Mr. HASELGROVE (United Kingdom) said that the proposal of the delegate of Belgium (see page 101) would appear to be necessary, since it would give effect to the recommendation of the working party to delete from the definition of "infected local area" any reference to a yellow-fever endemic area. With the omission of the words "or yellow-fever suspected areas", as agreed by Dr. Duren, the amendment was correct if it were to be understood that measures applicable to a yellow-fever infected local area were also applicable to a yellow-fever endemic area.

He added that he understood the Belgian delegation would prefer the use of the word "zone" in the English text instead of "area".

*Decision:* It was agreed that the term "yellow-fever endemic zone" be substituted for "yellow-fever endemic area" wherever it occurred in the English text throughout the chapter.

Mr. STOWMAN agreed with the United Kingdom point of view and supported the Belgian proposal.

*Decision:* The text proposed by the delegate of Belgium was adopted as a new article to follow Article 63 and referred to the Drafting Subcommittee.

#### Article 64 [71]

Mr. HASELGROVE referred to the Belgian delegation's proposal that measures against *Aedes aegypti* should be taken in ports, airports and frontier posts open to international traffic not only in endemic areas but in receptive areas as well (see page 101). The United Kingdom delegation was in general—although not in complete—agreement with the Belgian proposal and would therefore incorporate a provision along similar lines in its revised texts for those articles. He asked the committee to consider the Belgian proposal at the same time as the revised text submitted by his delegation for Articles 12 to 17; at that time the Belgian or any other delegation could propose amendments to the United Kingdom proposals.

Dr. DUREN accepted the suggestion and it was so agreed.

Dr. GEAR supporting the remarks of the delegate of the United Kingdom, recalled that, in connexion with Articles 12 to 17, he had suggested that the committee should draw the attention of the Health Assembly to the necessity for reminding national health administrations of their duty, in implementing the Regulations, to clean up areas from which infection might pass (see page 57). Although the primary purpose of the Regulations was to deal with international travel, he thought that such a suggestion could be included, applying not only to Articles 12 to 17 but also to yellow fever. He would submit to the committee a draft resolution on those lines.

*Decision:* Article 64 was adopted without further discussion.

#### Article 65 [72]

Dr. GEAR emphasized that the procedure he opposed was automatic compulsory certification, not immunization. In his opinion, the former did not always produce the desired scientific results and there were disadvantages associated with compulsory vaccination in connexion with international travel.

He would not press the point, as certification in regard to yellow fever was unlikely to be abandoned in the near future, but would ask delegates to examine the question of certification in the light of his remarks.

*Decision:* Article 65 was adopted.

#### Article 66 [73]

Dr. EL-HALAWANI proposed the insertion in paragraph 1, after the words "situated in an infected local area", of the words: "or in an endemic area."

Dr. BARRETT suggested that the last sentence of paragraph 2 be made more positive by saying:

The States concerned may accept disinsection, during flight, of the parts of the aircraft which can be so disinfected.

Mr. STOWMAN suggested the following amendments:

- (1) To insert the word "immediately" before the words "before departure" in the first sentence of paragraph 2;
- (2) To delete in paragraph 3 the word "receptive".

It would be difficult to establish under what conditions an area where *Aedes aegypti* was present would not be susceptible to yellow fever: the word "receptive" was confusing. Areas from which *Aedes aegypti* had been eradicated had a right to be protected.

The CHAIRMAN reminded the delegate of the United States that "area" by itself was not defined.

Dr. DUREN, although not opposed to the insertion in paragraph 1 proposed by the delegate of Egypt, considered the addition unnecessary in view of the adoption of his own proposal for a new article to follow Article 63.

Dr. JAFAR, referring to paragraph 2, said that for no other disease had the principle been observed that sanitary measures taken by the commander of an aircraft or the master of a ship during a journey would be accepted at the place of arrival: in each case it had been decided that the measures should be applied by the health authority at the place of departure or the place of arrival. This instance was a clear departure from the principles on which the

committee had acted and he considered that the provision in the last sentence should be deleted.

Dr. RAJA supported Dr. Jafar's statement.

Mr. MOULTON (International Civil Aviation Organization), said his organization felt that the last sentence of paragraph 2 as drafted—or as amended by the delegate of the United Kingdom—should be retained. Much work was being done in connexion with the development of disinsecting of accessible parts of an aircraft during flight and, when its effectiveness had been proved to the satisfaction of the medical authorities, considerable duplication of effort could be avoided.

He explained that for several years disinsecting in flight had been carried out when approval of the procedure had been obtained from the health authorities concerned.

#### Decisions:

- (1) The proposal of the United Kingdom delegation to amend paragraph 2 was adopted.
- (2) The proposal of the United States delegation to insert the word "immediately" in paragraph 2 was adopted.

Mr. STOWMAN withdrew his proposal to delete the word "receptive".

Following a suggestion by Dr. BARRETT, an exchange of views took place on whether or not the word "*aegypti*" should be deleted from the reference to *Aedes aegypti* in paragraph 3. During the discussion, the CHAIRMAN read out an extract from a letter received from Dr. Soper, Regional Director for the Americas, pointing out that *Stegomyia* was the official name of a sub-genus of *Aedes* to which *aegypti* itself belonged and that, while there were several other members of the sub-genus in Africa, there were none, other than *aegypti*, in the Americas or in Asia.

The committee finally agreed to accept the suggestion of Dr. RAJA, supported by Dr. DUREN, that the first line should read:

Every aircraft leaving a local area where *Aedes aegypti* or any other vector of human yellow-fever exists...

**Decision:** Article 66 was adopted subject to the agreed amendments and referred to the Drafting Sub-Committee.

#### Article 67 [74]

Dr. BICA (Pan American Sanitary Organization) said the Pan American Sanitary Organization wished to suggest substitution of "under surveillance" for "isolated" in paragraph 1, and deletion of paragraph 2, since it was unreasonable to prevent the health authorities of an infected area from taking measures against the reintroduction of infection at a time when they were endeavouring to rid the area of the disease.

Mr. STOWMAN formally proposed adoption of the suggestion of the representative of the Pan American Sanitary Organization to delete paragraph 2, for the same reasons which had prompted his delegation to propose deletion of a similar provision in the chapter on cholera (see minutes of the twelfth meeting, page 90). To illustrate the reasons, he said that Bombay and Karachi had standing rules requiring persons coming from an infected local area to possess vaccination certificates. But if one or two cases occurred in those cities they would become infected local areas, and the health authorities would have to rescind that measure just at a moment when they should have the right to take all possible measures to prevent further introduction of infection.

Dr. DUREN seconded the proposal to consider the amendment suggested by the Pan American Sanitary Organization. He said that he was in favour of deletion of paragraph 2 if that meant that the health authority of a yellow-fever endemic zone would have the possibility of requiring a vaccination certificate from any persons coming from infected areas.

Dr. RAJA also seconded deletion of paragraph 2.

**Decision:** In the absence of objection, it was agreed that paragraph 2 of Article 67 should be deleted.

Dr. MACLEAN (New Zealand) suggested that it might be desirable to add "Subject to the provisions of Article 29" at the beginning of paragraph 1, to prevent a quarantine officer requiring a person on a through journey to be detained at the port of transit.

Dr. RAJA assumed that six days isolation was allowed in paragraph 1 because that was the incubation period for yellow fever. It might be impossible to recognize a case of yellow fever because a person who had not developed a sufficient degree of immunity might be infected without showing any

of the usual signs of fever beyond a certain lassitude. Article 65, while requiring that a person leaving an infected local area should be vaccinated, did not require that the certificate of vaccination should have become valid on arrival so that passengers might arrive with varying degrees of immunity. Moreover, during the first two or three days the virus circulated in the blood of an infected person, so that an *Aedes aegypti* mosquito might acquire the infection and spread it in a receptive area. The Indian Government, therefore, while recognizing that extension of the period of isolation might not be acceptable to a number of countries, had instructed him to inform the committee that it reserved the right to extend the period for a further three days. He stressed that the matter was very necessary in the case of India because all the factors favourable to the spread of yellow fever were present there, namely *Aedes aegypti*, monkeys—which unlike human beings maintained the infection throughout the illness—and numbers of non-immune persons. There was therefore a possibility of disaster through the spread of the disease from India to the whole of Asia.

Dr. JAFAR thought that the incubation period should be extended to nine days to allow a safety margin in the case of persons arriving in receptive areas after having been exposed to infection. That would affect the position with regard to the vaccination certificate of persons exposed to infection after vaccination. Up to the present, Pakistan had insisted on a period of 15 days before such certificates became valid, but he would agree to reduce that period by two days.

The CHAIRMAN said that as there was no mention of the incubation period in Article 67, the period of 6 days could be extended without affecting the definition of incubation period given in Article 64.

Professor ALIVISATOS (Greece), Dr. DAENGSVANG (Thailand) and Dr. EL-HALAWANI supported the proposal to increase the period to 9 days.

Dr. DE CARVALHO-DIAS (Portugal) suggested that a person coming from a non-infected area of a country which had endemic zones should, if he had not been vaccinated, furnish a certificate that he came from a non-infected area of the country in question.

Dr. RAJA understood that WHO intended to delimit all endemic zones. In that case the health

authority at a port of arrival would only have to inquire whether a passenger came from one of the endemic zones; it was not necessary for passengers from other areas to have the certificate suggested by the delegate of Portugal.

Dr. DE CARVALHO-DIAS pointed out that WHO in some cases recognized very small non-infected zones surrounded by endemic zones, such as Caracas for instance. In view of the rapidity of travel by air, a person coming from Caracas should either produce a valid certificate of vaccination or a certified statement that he came from that city and not from the neighbouring infected region.

The CHAIRMAN thought it would be difficult for practical reasons to accept the Portuguese proposal until the measures for delineation of endemic zones envisaged in Article 63 had been carried out.

Dr. RAJA asked whether the effect of linking Article 29 with Article 67, as suggested by the delegate of New Zealand, would mean that each airport in the same country which was a port of call for an international service would be considered a direct transit area and would have to possess facilities for segregation and protection against mosquito bites.

The CHAIRMAN thought that if there was not a direct transit area in a particular port, an international passenger might be required to be put in isolation or, if he did not wish to stay in the country, he might be allowed to proceed on his journey.

Dr. JAFAR, referring to the New Zealand suggestion, said that most of the eastward-bound international air traffic passed through Karachi and his country had experienced much difficulty over the question whether to isolate for the rest of the incubation period a person arriving there on his way to Australia or New Zealand or whether he should be sent on to the next port of call. That was a practical matter on which he would be glad to have clarification.

Mr. MOULTON said that aviation and airport authorities throughout the world were endeavouring, in collaboration with health authorities and customs officials, to establish direct transit areas at all points and hoped that Karachi, Calcutta, and Bombay would soon have such areas at their airports and that

all such direct transit areas would have the necessary facilities to ensure protection of passengers throughout their journey.

Mr. HASELGROVE recalled that his delegation had made a similar proposal in the case of cholera in collaboration with the Pakistan delegation to add a reference to Article 29 so as to make it clear that persons who did not wish to submit to measures might continue their journey. The wording would be similar to that in paragraph 3 of Article 54 as amended by the committee (see minutes of the twelfth meeting, page 89).

The CHAIRMAN thought that the concern of the delegate for Pakistan was whether, even though Karachi might have a direct transit area enabling the health authorities to protect the country against a non-immune person, such a person should be allowed to continue his voyage with the intention of landing in a country which had no such area and which was highly receptive.

Mr. MOULTON replied that if a passenger left an infected local area, he must be vaccinated in any case, and if he came from Pakistan or India to an airport without a direct transit area, he could be isolated.

The CHAIRMAN pointed out that under paragraph 2, Article 65, a person could leave an infected area pending the validity of the vaccination certificate and therefore be technically non-immune on arrival. Unless there was a direct transit area, he could therefore be isolated. Moreover under the terms of Article 71, it would be possible to direct an aircraft to a specified airport, which could be an airport with a direct transit area.

Dr. RAJA thought it advisable that each airport in a country at which international traffic called should have a direct transit area.

The CHAIRMAN said that as the policy was not to include recommendations in the Regulations, it would be necessary for the delegate of India to put forward a recommendation to the Health Assembly in the form of a proposal to the committee.

Dr. JAFAR recalled that the representative of ICAO had said that his Organization had made a

recommendation to governments. Until such direct transit areas were established, the difficulty remained.

The CHAIRMAN, supported by Dr. REID (Canada) and Dr. BELL (United States of America), suggested that the words following "valid" in paragraph 1 of Article 67 should be deleted.

Dr. RAJA was opposed to the suggestion because the period required for validity of the vaccination certificate was ten days, whereas if, for instance, a person left on the eighth day after being vaccinated in a yellow-fever area, there was a possibility of his developing the disease during the six following days. From the point of view of effectiveness, he thought it would be better to omit mention of validity and to raise the isolation period to nine days.

The CHAIRMAN asked whether, if a person arrived in India with a valid certificate and it was found that he had been in an infected area during the ten days before it was due to become valid, his certificate was not accepted as valid.

Dr. RAJA replied that in that case, the certificate would not be valid. Both Pakistan and India had hitherto considered the safety period to be 15 days. He had proposed nine days because no distinction was made in the article between receptive and non-receptive areas and he realized that many non-receptive countries might find the addition of another three days irksome. However, India might have to make a reservation, even if nine days were accepted.

Dr. JAFAR explained that a person coming from a yellow-fever infected area was not detained at Karachi if his certificate was valid; but if he left Karachi before the certificate became valid, a margin of three days was allowed so that 15 days had elapsed before the passenger was clear of all restrictions. He reiterated that he was prepared to reduce the period so far as Pakistan was concerned to 12 days but suggested that as a safety measure for receptive countries the isolation period should be nine days instead of six.

Dr. GEAR felt that some of the arguments put forward were academic and that the addition of a few days would not materially increase the guarantee of immunity.

*The meeting rose at 12.10 p.m.*

## FIFTEENTH MEETING

*Friday, 20 April 1951, at 2.15 p.m.**Chairman: Dr. M. T. MORGAN (United Kingdom)***1. Consideration of Draft International Sanitary Regulations****Article 67 [74] (continuation)**

The CHAIRMAN said that he had been given to understand that the delegates of India and Pakistan would be prepared to accept Article 67 as it stood on the understanding that their Governments would be able to make reservations.

Mr. BRILLIANT (United Kingdom) asked whether he was right in assuming that, if Article 67 were adopted as it stood, the same suggestions that had been accepted in connexion with paragraph 3 of Article 54 would be applicable, namely that a reference to Article 29 would be included and a provision added to the effect that passengers refusing to submit to the conditions specified in the article would be allowed to continue their journey.

The CHAIRMAN thought that the committee had agreed on the first point mentioned by the delegate of the United Kingdom, it being understood, naturally, that in countries where there was no transit area Article 29 could not apply.

Dr. JAFAR (Pakistan) recalled that the point in question had been discussed at length during the previous meeting. He himself had pointed out that passengers arriving at Karachi airport from the west on a journey to countries further east who could not comply with the prescribed conditions must be required either to return to Iraq or Egypt or to submit to isolation, since the next countries on their route would not be in a position to receive them.

Replying to the delegate of Egypt he explained that the procedure at present followed at Karachi airport was to keep any person who refused isolation in a mosquito-proof place until he could be returned.

Dr. MAUNG (Burma) agreed with the delegate of Pakistan. As no airports with adequate facilities yet existed in Burma, passengers failing to fulfil the prescribed conditions could not be allowed to land

at Rangoon, and that would constitute a serious handicap to international traffic.

Dr. RAJA (India) thought that, if Article 67 were adopted with the addition of a reference to Article 29, countries whose airports had the necessary facilities would be obliged to send on persons insufficiently protected against yellow fever on the grounds that they nevertheless fulfilled the conditions prescribed in Article 29. India could provide the necessary facilities as far as Calcutta; the result would therefore be that the person in question would be sent on to Rangoon where there were no facilities. Bangkok, he believed, was in the same position.

He therefore felt that the provisions of Article 29 should be applied only when there was adequate assurance that the sending on of unprotected persons would not provoke a general outbreak of yellow fever. Some such stipulation was essential, since any focus of yellow-fever infection in Asia, wherever situated, would be a danger to the whole continent.

Dr. DAENGSVANG (Thailand) confirmed that there were no transit facilities in Bangkok airport.

After some further discussion, the CHAIRMAN suggested that the point raised by the delegate of India might be met by inserting in Article 67 some such provision as: "Notwithstanding the terms of Article 29, where transit facilities are not available the right of a passenger to continue his voyage must depend on the conditions of aerodromes along the route of his voyage".

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, agreed that such a provision should be inserted, though, since Article 29 also began with the word "notwithstanding", the Drafting Sub-Committee would have to find a formula slightly different from that suggested by the Chairman.

Dr. JAFAR and Dr. RAJA were prepared to accept Article 67 with the proposed addition, on the under-



standing that their Governments might wish to make certain reservations with regard to the length of the incubation period or the period after which vaccination certificates would become valid.

Professor ALIVISATOS (Greece) had proposed that the word "six" in the fifth line of Article 67 be replaced by the word "nine". He thought that that proposal was in accordance with epidemiological probabilities. It was also calculated to meet the requirements of conditions in his own country, which he then outlined, pointing out that, for the current year, and perhaps for years to come, Greece would not be able to obtain sufficient quantities of DDT adequately to control anophelines and other species of mosquitos, including *Stegomyia*. Greece had been obliged to reduce the quantities of DDT used and was therefore exposed to the danger of fresh outbreaks of malaria, which had been very effectively controlled during recent years. How could Member States in receptive areas be expected to take certain measures for their protection, if they had not the necessary means to do so?

At the CHAIRMAN's suggestion that some countries might not wish to be bound to enforce an isolation period of nine days, he agreed to modify his proposal and to ask that the words "a period of six days" be replaced by the words "a period not exceeding nine days".

*Decision:* The amendment was adopted by 11 votes to 8.

Dr. DUREN (Belgium) wondered whether the committee would wish to insert a stipulation that the period in question should not be less than six days.

*Decisions:*

- (1) It was unanimously agreed to prescribe no minimum period for isolation.
- (2) Paragraph 1 of Article 67 was remitted to the Drafting Sub-Committee.
- (3) Paragraph 2 of Article 67 was deleted.

## Article 68 [76]

Dr. EL-HALAWANI (Egypt) proposed the addition, at the end of the second sentence in paragraph 1 of Article 68, of the words: "or if arriving after more than six days there is reason to believe that it may contain adult *Aedes aegypti* from the said local infected area". In such a case mosquitos might fly ashore and infect the local population, to say

nothing of the fact that there might be infected persons on board still in the incubation period.

Dr. DUREN supported the Egyptian proposal.

His delegation had a proposal relating to the second sentence of paragraph 2. It was important that health authorities should not be permitted arbitrarily to declare that they were not satisfied with disinsecting carried out under the terms of paragraph 2 of Article 66. Some criterion should be provided for the non-acceptance of disinsecting which was considered unsatisfactory. Such a provision might read: "if the health authority has reason to believe that there are insects, and in particular *Culicidae*, alive in the aircraft".

Mr. BRILLIANT thought the Egyptian proposal unreasonable, as it would empower health authorities to treat a vessel as suspected for an indefinite period.

Dr. EL-HALAWANI recalled that a provision similar to that which he proposed had existed in previous conventions.

Professor ALIVISATOS supported the Egyptian proposal, recalling that the yellow-fever epidemic at St. Nazaire in 1894 had been caused by *Stegomyia* hidden among bananas in holds during a voyage lasting more than ten days. Moreover, health authorities would not be bound to apply the provision if they did not wish to.

Dr. GEAR (Union of South Africa) thought the point already sufficiently covered by Articles 69 and 70. The Egyptian proposal would seriously impede international traffic with no compensating advantages.

Dr. JAFAR thought that in view of the length of the life of a mosquito, and the fact that a mosquito once infected remained so for life, the Egyptian proposal had great merit, since in the circumstances to which it was to apply the only practical course seemed to be to regard a vessel as suspected and to disinsect it as soon as possible.

*Decision:* The Egyptian proposal was adopted by 12 votes to 10.

The CHAIRMAN, returning to the Belgian proposal, wondered why *Culicidae* were to be specified rather than *Aedes*.

Dr. DUREN explained that the finding of an ordinary *Culex* alive on board an aircraft would be sufficient evidence that disinsecting had not been properly carried out. However, his delegation was

quite prepared to employ the word "mosquitos" in place of "*Culicidae*".

*Decision:* The Belgian proposal, as modified, was adopted unanimously.

The CHAIRMAN observed that it would be left to Mr. Hostie to decide what effect the adoption of the Belgian proposal would have on the drafting of Article 35.

He recalled that the committee still had to deal with a point raised by the delegate of Pakistan in connexion with paragraph 2 of Article 68 (and applying also to Article 66), namely that it was not made clear what authority was responsible for ensuring that disinsecting was carried out. In that connexion it had been pointed out to him that in view of the definition of "health authority" in Part 1 of the Regulations a specification of the responsible authority in individual articles seemed unnecessary.

Mr. HOSTIE agreed that such a specification was not strictly necessary, but it would do no harm. He suggested that at the end of the first sentence in paragraph 2 of Article 66 be added the words "under the control of the health authority".

It was so agreed.

*Decision:* Article 68 was remitted to the Drafting Sub-Committee.

#### Article 69 [77]

Dr. MACLEAN (New Zealand) noted that paragraph 1 (b) of Article 69, apparently by a drafting error, contained no reference to aircraft.

The CHAIRMAN thought that the Drafting Sub-Committee might be asked to insert a reference to aircraft, though it would have to be made clear that the second sentence of paragraph 1 (b), requiring a vessel to keep at least 400 metres from land until the prescribed measures had been carried out, was not applicable to aircraft.

Mr. HOSTIE said that the omission of a reference to aircraft in Article 69 had been intentional, as they were intended to be covered by Articles 66 and 68. However, in the light of the remarks of the delegate of New Zealand he saw that there was a serious flaw in the drafting, since the second paragraph of Article 68 merely provided a definition and prescribed no measures. The suggestion of the

delegate of New Zealand would therefore have to be adopted.

It was so agreed.

*Decision:* Article 69 was remitted to the Drafting Sub-Committee.

#### Article 70 [78]

The article was adopted without change.

#### Article 71 [79]

Dr. DUREN questioned the utility of paragraph 2 in the light of the revised text of Article 68—providing for the disinsecting of aircraft if there was reason to suspect the presence of *Aedes aegypti*.

Dr. JAFAR made the following general observation :

It was essential to be sure that no mosquitos were on board an aircraft and verification should be made immediately upon landing. If doors and hatches had already been opened mosquitos could have had time to escape and might cause infection because there was already the possibility of their having become infected by a person on board coming from a yellow-fever area and not being properly protected by vaccination. It was not necessary for the health authorities to state the reasons on which their suspicions were based and they should be left free to judge the special circumstances of each case.

Mr. MOULTON (International Civil Aviation Organization) took the opposite view. If an aircraft were automatically suspected of harbouring mosquitos before actually landing, that would invite duplication of disinsecting measures. Under the Regulations as at present amended, three disinsectings throughout a flight were possible. In his opinion, from the scientific, medical and transport points of view disinsecting should be done on departure.

The CHAIRMAN explained that the view of the legal experts was that the provisions of paragraph 2 of Article 71 were duplicated by those of paragraph 2 of Article 68, and paragraph 1 (b) of Article 69, as amended by the committee.

*Decision:* On a vote being taken, paragraph 2 of Article 71 was deleted.

#### Article 72 [80]

The article was adopted without comment.

**Article 73 [81]**

The article was adopted without comment.

**Appendix 3 : International Certificate of Vaccination against Yellow Fever**

Dr. JAFAR proposed the deletion of the last sentence in the second paragraph of the text before the committee on the grounds that although it was not necessary for a country to specify whether approved vaccinating centres were civil or military, the names of all such centres should be communicated to governments.

Replying to the CHAIRMAN, who asked whether two types of centres were implied, Mr. BRILLIANT explained that in the United Kingdom vaccination against yellow fever in the Armed Forces was carried out by the Army, Navy and Air Force inoculation services. It was surely sufficient for the certificate to show that it was issued by a branch of the Armed Forces without indicating the name or location of the particular unit. WHO had been supplied with a list of approved centres for the inoculation of civilians and had also been notified that the vaccination services of the Armed Forces were officially recognized for the particular purpose.

Dr. JAFAR maintained that the same conditions should apply both to civil and military vaccination centres. It was essential to know the name of the centre issuing the certificate so as to be certain that it came from an authorized source. The provision as it stood would involve the acceptance of a certificate issued by any officer from any Armed Forces and in that connexion it was important to remember the special conditions attached to yellow-fever vaccines, namely manner of preservation, technique and source of supply.

Dr. BICA (Pan American Sanitary Organization) said that the requirement that the origin and batch number of the vaccine be stated for yellow-fever vaccine was not in line with the requirements for other vaccines. During the period when the efficacy of yellow-fever vaccine had not been fully demonstrated and when post-vaccinal hepatitis sometimes occurred following vaccination, it was important to know the origin and batch number of the vaccine used. Such knowledge was no longer more essential than for other vaccines. Similarly, the requirement that a vaccination centre be designated by the health administration tended to prevent vaccination against yellow fever becoming more accessible to the travelling public. If yellow-fever vaccine was to be used successfully in connexion with international

travel, it must be as readily available as other vaccines and the vaccination must be as simple to record.

Dr. BELL (United States of America) agreed about the impossibility of notifying the location of centres where yellow-fever vaccination was carried out by the Armed Forces. The certificates issued by Armed Forces should be recognized; they were official government certificates and there was no higher authority for their issue.

Dr. JAFAR, replying to the representative of the Pan American Sanitary Organization, said that yellow-fever vaccine could not be made available on the same scale as other vaccines because it had to be kept under special conditions and the vaccine from some sources was not active for more than three months.

Mr. BRILLIANT maintained that, in the case of certificates of vaccination against yellow fever carried by members of the Armed Forces, it should be sufficient for the certificate to state that it was issued by the inoculation service of the Armed Forces. In the United Kingdom all vaccinations against yellow fever for civilians were done at centres specially authorized by the Government for that purpose and notified to WHO, who was also informed that all the depots of the vaccination services of the three Armed Forces were likewise officially recognized for the purpose. He failed to see why it should be necessary for the certificate of vaccination to show the location of the particular depot at which the injection was made. The vaccine was identical with that used for civilians and it was obtained from the same source and under the same conditions. Further, there were obvious reasons for not disclosing the location of individual depots of the Armed Forces. He therefore submitted that, in that respect, a distinction could be drawn between civilian certificates and those issued by the Armed Forces, and that the statement on the form of certificate shown as appendix 3 of the draft Regulations—"In the case of the Armed Forces, the location of the issuing unit is not required"—should stand.

Dr. BELL opposed the deletion of the sentence under discussion, since it was essential to have some reference on the certificate to indicate that the Armed Forces could carry out yellow-fever vaccinations.

*Decision:* On a vote being taken, the proposal to delete the sentence "In the case of the Armed Forces, the location of the issuing unit is not required", was rejected.

Dr. GEAR proposed that the column concerning the origin and batch number of yellow-fever vaccine should be omitted. It had no real significance for the innumerable junior quarantine officers throughout the world, and was of little value.

Dr. JAFAR said it was nevertheless important to know the batch number, particularly when the life of the vaccine was only three months.

*Decision:* The proposal to delete the third column was rejected.

Dr. EL-FAR Bey (Egypt) proposed that the sentence referring to the period of validity of the certificate should be amended to read: "12 days in the case of a person coming from an infected area and 10 days in the case of a person coming from a non-infected area".

*Decision:* The proposal was rejected by 9 votes to 6.

*Points referred back for Clarification to the Committee by the Drafting Sub-Committee*

#### **Article 6 [6] and Definition of "Infected Local Area"**

Mr. HOSTIE said that the Drafting Sub-Committee wished to know whether, as a result of the new definition of "infected local area" (see page 286), the words "other than a local area within a yellow-fever endemic area" in the first line of paragraph 2, and the words "outside a yellow-fever endemic area" in paragraph 2 (b) should be omitted.

Replying to a point raised by Dr. BELL, he explained that if the words were retained in the first line of paragraph 2, the result would be that, once a local area within a yellow-fever endemic zone became infected, it would remain permanently infected, since no mechanism existed for declaring it free from infection (by virtue of the deletion of yellow-fever endemic zones from the revised definition of "infected local area").

Mr. BRILLIANT considered that, in view of the deletion of yellow-fever endemic zones from the definition of "infected local area", the words referred to in paragraph 2 (b) were unnecessary and their suppression was a matter of drafting. The Drafting Sub-Committee, however, required guidance

as to whether the words "other than a local area within a yellow-fever endemic area" in the first line of paragraph 2 should be retained, because a point of substance was involved.

Dr. MACLEAN interpreted paragraph 2 (b) as referring to an infected local area not within the yellow-fever endemic zone. He considered, however, that the words in the first line of paragraph 2 could be deleted, since it was his understanding that a local area within a yellow-fever endemic zone could never be declared free from infection.

Dr. DUREN believed that Article 6 concerned infected local areas as much as yellow-fever endemic zones. The latter were at present considered permanently infected and it was for that reason that his delegation had proposed that a study be made of the procedure for delimiting those areas, so that there might exist, in the future, criteria for declaring them, in part or wholly, no longer endemic.

Mr. BRILLIANT directed attention to paragraph 2 of the report of the working party (see page 286) concerning the definition of "infected local area". He suggested that, since the committee's view appeared to be that yellow-fever endemic zones were permanently infected, both the words in the first line of paragraph 2 and those in paragraph 2 (b) should be deleted.

Mr. HOSTIE emphasized the drafting difficulties involved and urged that the definition of infected local area and the text of Article 6 should be consistent. He was under the impression that, while the committee considered a yellow-fever endemic zone to be a collectivity of infected local areas, it was reluctant to say so.

Dr. RAJA believed that, in deciding that the same measures should apply to yellow-fever endemic zones as to local areas infected with yellow fever, it was assumed that endemic zones always contained infection; it was therefore logical to consider any part of such a zone as an infected local area.

The CHAIRMAN, following a suggestion by Dr. BELL, proposed that a fourth paragraph should be added to the revised definition of "infected local area", on the following lines: "An endemic yellow-fever zone is to be regarded as a collectivity of infected local areas".

Dr. DUREN said that, should a fourth paragraph on the lines suggested be added to the definition of "infected local area", criteria for declaring certain parts of yellow-fever endemic zones free from

infection should be decided upon without delay.

After a further exchange of views, the discussion was postponed until the following meeting.

*The meeting rose at 5 p.m.*

## SIXTEENTH MEETING

*Saturday, 21 April 1951, at 9.30 a.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

### 1. Consideration of Draft International Sanitary Regulations

*Points referred back for Clarification to the Committee by the Drafting Sub-Committee (continuation)*

#### Article 6 [6], Definition of « Infected Local Area » and Article 63 [70]

The CHAIRMAN said he had conferred with some delegations and with Mr. Hostie on the suggestion made at the previous meeting to delete the words "outside a yellow-fever endemic area" from paragraph 2 (b) of Article 6. Departing, in the special circumstances, from the normal procedure under which the Chairman did not make proposals, he suggested the addition of the following subparagraph to the definition of "infected local area" as amended by the working party (see page 286):

- (4) a local area or group of local areas in which conditions exist as defined in a yellow-fever endemic zone.

It was thought that if that addition were accepted, Article 6 could stand as drafted, subject to modification of the period of time in paragraph 2 (b) already adopted (see page 49).

He had also discussed the point raised by the delegate for Belgium, which was strongly supported by several other delegations, that there was no machinery under the Regulations for enabling an area situated in the yellow-fever endemic zone to be declared free of that stigma when conditions allowed. It had been thought preferable from a psychological point of view to link the question up with Article 63, which dealt with delineation of yellow-fever endemic

and receptive areas, by the addition of a second paragraph to that article, to the effect that:

Where a State declares to the Organization that in a local area which is part of a yellow-fever endemic zone the *Aedes aegypti* index has continuously remained for a period of one year below one per cent, that local area shall thereupon cease to form part of the yellow-fever endemic zone.

The period of one year had been inserted in order to take account of seasonal variations in *Aedes* prevalence.

Dr. DUREN (Belgium) accepted the proposals on the express condition that both were adopted by the committee.

Dr. JAFAR (Pakistan), while he was not opposed to the addition of a second paragraph to Article 63, recalled that under that article the responsibility for delineation was left to the Organization. The second paragraph as drafted gave the impression that the area would automatically cease to be considered part of a yellow-fever endemic zone on receipt of notification from the State concerned. He therefore proposed an amendment reading "...that local area shall, after the agreement of the Yellow-Fever Panel has been obtained, cease to form part of the yellow-fever endemic zone". He agreed to a suggestion of the CHAIRMAN to avoid reference to a particular organ of WHO by substituting "the Organization" for "the Yellow-Fever Panel".

Dr. RAJA (India) thought that, when deciding, under Article 63, on the procedure for delineation of

the zones, a procedure should also be adopted for declaring an area no longer part of an endemic zone, or for reintegrating it in an endemic zone when necessary.

Dr. DUREN, agreeing with the amendment of the delegate of Pakistan, suggested a phrase to the effect that a State should declare, in agreement with the Organization, that a local area fulfilled the conditions required for its ceasing to form part of an endemic zone.

He thought an area would automatically again become part of a yellow-fever endemic zone if the *Aedes aegypti* index rose above one per cent, or if a case of human yellow-fever occurred.

Dr. RAJA stressed that the responsibility should lie with the Organization in consultation with the State concerned.

Dr. EL-HALAWANI (Egypt) mentioned the case of persons residing in the Sudan north of latitude 15, or in Massawa or in Rio de Janeiro, where there were non-endemic areas contiguous to endemic zones, and suggested that it would be difficult in practice for the health authority to know whether such persons had or had not been in and out of the endemic zone before leaving the country.

Dr. JAFAR said the intention of his amendment was to provide that WHO should consider all such points that would arise before an area could be declared non-endemic.

Dr. RAJA recalled that the Expert Committee on International Epidemiology and Quarantine had decided to abolish the Personal Declaration of Origin and Health<sup>6</sup> which required a passenger arriving by air to state where he had spent the previous 14 nights. It might be desirable to reintroduce that form.

The CHAIRMAN saw no reason why the declaration in question should not be reintroduced on an optional basis.

Dr. DE CARVALHO-DIAS (Portugal) recalled the proposal he had made at an earlier meeting that passengers who arrived from a non-infected area adjacent to an endemic zone should produce an attestation from the authority at the place of departure (see page 106). Referring to the suggestion

of the delegate of India, he stated that experience in Lisbon had shown that the information given in the declaration was very often unreliable.

*Decisions:* In the absence of objections it was agreed :

- (1) to amend again the definition of "infected local area" by the addition of a paragraph on the lines suggested by the Chairman ;
- (2) not to make further alterations in Article 6 ;
- (3) to add a second paragraph to Article 63 and to refer the draft suggested by the Chairman to the Drafting Sub-Committee for revision in the light of the amendment proposed by the delegate for Pakistan and of the discussion that had taken place in the committee.

#### Article 67 [74]

The CHAIRMAN, recalling the point raised by the delegate of Pakistan concerning the difficulty of securing isolation in airports where the necessary facilities did not exist, said that it was proposed to add a new article 67 (A) after Article 67 reading :

A person to whom Article 67 applies and who is due to proceed on his journey to an airport in a receptive area at which the means for securing isolation do not yet exist, may be prevented from proceeding from an airport en route at which such means are available.

Dr. JAFAR seconded the proposal.

Dr. MACLEAN (New Zealand) pointed out that a reference to that new article would be needed in Article 29.

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, said that, in his opinion, such a reference was, legally, required.

Dr. PADUA (Philippines) expressed satisfaction that the question of procedure to be followed had now been clarified.

Mr. MOULTON (International Civil Aviation Organization) considered paragraph 1 of Article 67 unnecessary because, under the Regulations, it was the obligation of the State concerned to see that a person before departure from an infected local area had been vaccinated.

Secondly, he thought that the proposed new article destroyed the whole system of handling

<sup>6</sup> Annexed to the International Sanitary Convention for Aerial Navigation, 1944.

direct transit traffic by air. Suggesting that ad hoc arrangements should be made for single cases of infringement of the Regulations, he asked whether the same procedure was followed and the same isolation measures imposed when a ship arrived at Karachi from an infected area. He would prefer deletion of paragraph 2 of Article 65 to inclusion of the proposed Article 67 (A).

Dr. JAFAR replied that the principle of allowing a person whose certificate had not yet become valid to travel had been agreed, and it remained to make provision for his isolation while on the way.

With regard to the second point raised by the representative of ICAO, he said that a watch was constantly kept at Karachi, but up to now there had been no case of a ship arriving before the end of the incubation period.

In reply to a suggestion by Dr. MA'MOEN (Indonesia) to delete paragraph 2 of Article 65 the CHAIRMAN said that the suppression of the provision in that paragraph would involve serious interference with international commerce.

M. GEERAERTS (Belgium), on a point of order, suggested that Article 67 had already been adopted and the discussion could not be reopened unless there were a two-thirds majority in favour of doing so.

The CHAIRMAN replied that he had taken the view that in proposing an additional article the point of order did not arise. In any case, the substance of Article 67 (A) had already been adopted and referred to the Drafting Sub-Committee, which had proposed the draft under discussion.

*Decision:* In the absence of objection, the draft text of Article 67 (A) was adopted and referred back to the Drafting Sub-Committee, together with the wording of the necessary reference in Article 29.

### **New Article 8 (A) [9]**

The CHAIRMAN recalled the proposal made by the United States delegation at the second meeting to include in the Regulations a provision for weekly reports to be sent to WHO of the number of cases of, and deaths from, epidemic diseases, a nil report to be returned when no cases had occurred (see proposed text for Article 3, page 42). The proposal had included the words "seaport or airport cities", the interpretation of which had given rise to difficulties.

Mr. BRILLIANT (United Kingdom) explained that difficulty had arisen in the Drafting Sub-Committee because, first, ports and particularly airports had little or no relation to a city; secondly, the term "city" had a different interpretation in different countries; and, thirdly, the area covered by a seaport was often far greater than that of the city to which it was attached. The Drafting Sub-Committee had not accepted an amendment that he had suggested on the grounds that it affected the substance. The suggestion was to replace "each of its airport or seaport cities open to international traffic" by "each of its towns adjacent to a port or airport". The words "open to international traffic" were omitted because they were included in the definition of port or airport.

Mr. STOWMAN (United States of America) said that, while city and town had a different interpretation in the United States from the United Kingdom, he had no objection to use of the term "towns adjacent to" though "cities and towns adjacent to" might be even better. The matter was purely one of drafting.

*Decision:* In the absence of objection it was agreed to refer back to the Drafting Sub-Committee the proposal to substitute "cities or towns adjacent to" for "seaport or airport cities" in Article 8 (A).

### **Article 10 [11]**

The CHAIRMAN said it had been suggested for the sake of economy that, while (under Article 8 (A)) Member States should send nil reports when appropriate to WHO, it was not necessary for the Organization to disseminate that information to other States; they would, however, be advised where returns were not received or where the nil reports did not appear to be in order.

Mr. STOWMAN agreed with the suggestion. The essential was that countries should be informed by WHO when nil reports were due to failure to comply with the requirement to send returns.

*Decision:* The proposal was accepted and referred back to the Drafting Sub-Committee.

Mr. BRILLIANT asked that it should be made clear to the Drafting Sub-Committee that the adjustment of any overlapping between Article 10 and previous articles which also required notifications and information to be sent to the Organization, would

not be a matter of substance for reconsideration by the plenary committee.

The CHAIRMAN replied that he had discussed that question with Mr. Hostie and it appeared to be purely a matter of drafting and deciding on where the new article should be placed in the Regulations.

#### **Article 26 [31]**

The CHAIRMAN said there appeared to have been some confusion as to the decision taken by the committee on Article 26. His recollection was that it had been re-drafted to read :

No matter capable of producing a communicable disease shall be thrown or allowed to fall from an aircraft when it is in flight.

There had, however, been an understanding in the Drafting Sub-Committee that the wording was : "...capable of producing an epidemic disease...". He therefore asked the committee to decide which term should be used.

Mr. STOWMAN said that the amendment proposed by his delegation, which the committee adopted, read as follows : "No matter capable of producing a communicable disease shall be thrown..."

*Decision :* It was agreed to retain the amendment as previously adopted on the United States proposal, and return the article to the Drafting Sub-Committee.

#### **Article 29 [34]**

The CHAIRMAN asked if the committee wished to delete or retain the words "including vaccination". He reminded the committee that the words "other than medical examination" had been inserted after "sanitary measure", making the text read :

Notwithstanding any provision to the contrary in these Regulations, no sanitary measure, other than medical examination, shall be applied to :

Dr. RAJA thought that the words "including vaccination" could be retained.

*Decision :* It was agreed that the words "including vaccination" be deleted.

### **Chapter III — Sanitary Measures applicable between Ports or Airports of Departure and Arrival**

The CHAIRMAN said a question had arisen in the Drafting Sub-Committee as to whether the provisions of Chapter III should apply to voyages between ports or airports situated in two different territories under the jurisdiction of the same State. He suggested that as the question was complicated, it should be referred to the Juridical Sub-Committee for examination.

Dr. JAFAR said there appeared to have been no confusion in the application of the provisions of previous conventions, the provisions of which had been applied between separate territories. He would, however, accept the Chairman's suggestion.

Mr. HOSTIE said that the complication referred to by the Chairman had arisen because the provisions of the International Sanitary Conventions for Aerial Navigation of 1933 and 1944 were applicable to territories under the same sovereignty.

Dr. EL-HALAWANI said that, although he agreed with Dr. Jafar, there was a point of substance from the epidemiological point of view which should be taken into consideration.

*Decision :* It was agreed to refer the question to the Juridical Sub-Committee.

#### **Article 74 [82]**

Professor ALIVISATOS (Greece), referring to the incubation period of 14 days, said that experience in Athens last year had led him to think it was not correct. He cited the case of a young man who had been vaccinated in 1949, before leaving Athens for Nigeria, with positive results. In 1950, on the 16th day of his return from Nigeria by air—a journey of one day—he had developed a rash and was sent to hospital; the diagnosis was chickenpox and no antismallpox measures were therefore applied. As a result, a small epidemic had occurred, with 12 cases, at a time when there had been no cases since 1945. Among those 12 cases he had found incubation periods of 6, 10 to 11, 12 to 13, 14, 16 and 17 days, one third of them being more than 14 days, which could not be a coincidence.

Professor Alivisatos asked what would be the effect of an incubation period of more than 14 days in the case of a person coming from an infected local area who developed the infection a few days after his



arrival in a country where vaccination was not compulsory or where the requirement was applied in a "liberal" manner. He suggested that the incubation period might be stated as 16 days. In paragraph 2 of Article 75 also, the period stated should be 16 days.

Dr. DUJARRIC DE LA RIVIÈRE (France) said that, although the statement of the delegate of Greece was interesting from an epidemiological point of view, the Expert Committee on International Epidemiology and Quarantine had been obliged to adopt an average figure when fixing the incubation periods for the purpose of the Regulations. In the case of smallpox, the average adopted had been 14 days.

Dr. RAJA agreed with the delegate of France. Although the period of incubation of smallpox could extend to 21 days, account could not be taken of exceptional cases in framing regulations for universal application, and he thought the provision in Article 74 was adequate.

*Decision:* Article 74 was adopted and referred to the Drafting Sub-Committee.

#### Article 75 [83]

Dr. HEMMES (Netherlands), referring to paragraph 2, said it was insufficient to require a person on arrival to submit to vaccination or surveillance: the health authority should be able to require vaccination followed by surveillance. He therefore proposed to add, at the end of the paragraph, after the words "vaccination against smallpox, or surveillance", the words "or to vaccination against smallpox followed by surveillance". The same measure had been prescribed in the International Sanitary Conventions for Aerial Navigation, 1933 and 1944.

Dr. DUJARRIC DE LA RIVIÈRE thought there was a discrepancy between the provisions of paragraphs 2 and 3: paragraph 2 gave the traveller the choice, on arrival, of being vaccinated or placed under surveillance, whereas paragraph 3 said that a person refusing vaccination—i.e., not accepting the alternative provided in paragraph 2—could be isolated.

Professor CANAPERIA (Italy) supported the amendment proposed by the delegate of the Netherlands, but questioned the phrase: "who in the opinion of the health authority is not sufficiently protected by vaccination or by a previous attack of smallpox". He asked how the health authority could decide that

a person was not sufficiently protected. A certain value must be placed on vaccination and he did not see how it could be said that a person was not sufficiently protected if he possessed a valid certificate of vaccination. He suggested that paragraph 2 be amended to read:

A person on such a journey who has left an infected local area within the previous fourteen days and who is not in possession of a valid certificate of vaccination against smallpox may...

Dr. BICA (Pan American Sanitary Organization) made the following comments on behalf of the Pan American Sanitary Organization:

Paragraph 1 — It was considered that a valid certificate of vaccination against smallpox should be required of all persons on an international journey, even coming from a non-infected local area. The suggestion that such certificates could be required only of persons coming from known infected areas would put too great a premium on the non-reporting of infected local areas.

Paragraph 2 — The following amended text was proposed:

A person on such a journey who has left an infected local area within the previous fourteen days and who is not in possession of a valid certificate of vaccination or who, in the opinion of the health authority, is not sufficiently protected by a previous attack of smallpox, may be required on arrival to submit to vaccination or surveillance, or both.

Paragraph 4 — The following amended text was proposed:

The period of isolation or surveillance shall not exceed fourteen days reckoned from the date of departure of the person from the infected area or should terminate when vaccination becomes successful.

Professor ALIVISATOS proposed that in paragraph 2 the word "fourteen" in the phrase "who has left an infected local area within the previous fourteen days" be amended to "sixteen".

Dr. VAN DE CALSEYDE (Belgium), replying to the delegate of Italy, said that as regards the expression "not sufficiently protected by vaccination" two replies, "positive" and "negative", were envisaged in the certificate of vaccination against smallpox annexed to the draft Regulations. A negative reaction could be due to the poor quality of vaccine or bad

methods used, or to the fact that a person was still immune on account of previous vaccinations. He would return to that aspect when the form of international certificate in Appendix 4 was discussed.

In the case of a person who had been vaccinated but had shown no reaction and was still immune, would the health authority submit him to vaccination or isolation?

Dr. RAJA agreed with the suggestions of the delegates of Italy and Greece. It was not clear to him, however, what would be the effect of retaining the words "who in the opinion of the health authority is not sufficiently protected by vaccination". He assumed that a health authority should consider that a person was protected if he had a valid certificate of vaccination. On the other hand, if a person arrived before the period of 14 days had elapsed, the health authority would be justified in deciding that he was not sufficiently protected. The paragraph should be so worded as to give some validity to the possession of a vaccination certificate.

Dr. PADUA introduced a note submitted by his delegation in which it was proposed that paragraph 1 of Article 75 should be modified so as to require a valid certificate of vaccination against smallpox of all passengers, even from those coming from a non-infected local area. The reasons given were that vaccination against smallpox provided protection to the individual for a period ranging from three to nine years and also, when applied on a large scale in a country (to 85% of the population or over) prevented the disease from developing there in epidemic form. The note emphasized that national law in the Philippines required valid certificates of vaccination from all incoming and outgoing passengers and provided for compulsory vaccination of all persons residing in the territory.

However, sensing from the remarks of previous speakers that the proposal in his delegation's note would be considered too drastic, he proposed that the word "shall" in paragraph 1 of Article 75, as originally drafted, be changed to "may", so as to leave the decision to the health authority.

He added that his proposal was in conformity with the national laws of countries where compulsory vaccination was required.

In reply to a question by Dr. BERGMAN (Sweden) regarding the validity of a certificate of vaccination against smallpox, the CHAIRMAN suggested that the form of international certificate in Appendix 4 should be examined before the discussion on Article 75 proceeded.

Dr. DAENGSVANG (Thailand) agreed with the views expressed by the delegates of the Netherlands and Greece and others. Even if a person had been vaccinated before departure and was revaccinated on arrival, at a later stage of the incubation period, the latter vaccination would not sufficiently protect him against development of the disease; therefore surveillance was needed.

Dr. MAUNG (Burma), supporting the proposal of the delegate of the Philippines, agreed that, in the case of countries in Europe, and perhaps some parts of Africa, there was no justification for a health authority to demand a certificate from a person from a non-infected local area. It was different, however, for Burma, where smallpox was always present in endemic form, and where at Rangoon—one of the biggest immigration ports in the East—dangers might arise, the possibility of which could not be ignored. Experience had shown that there was no known method of protecting a person against smallpox except by vaccination, and an unprotected person arriving in an infected local area would be a potential danger to himself and others. Burma had compulsory vaccination laws, but its public-health machinery was not sufficiently developed to deal with the arrival of unprotected persons. In the opinion of his government, the retention of Article 75, as drafted, would hinder attempts to control and eliminate the disease.

Dr. BELL (United States of America), while upholding the rights of an individual by giving him the choice of being vaccinated or placed in isolation or under surveillance, was concerned about his endangering others. A local community could protect itself by vaccination of residents but could not be secure from infection unless incoming travellers were also vaccinated. He proposed the deletion of paragraph 1.

There were inconsistencies between paragraphs 2 and 3: the last words of paragraph 2, he thought, should read: "and/or surveillance", allowing the local health authority to decide in accordance with the conditions.

Dr. DUJARRIC DE LA RIVIÈRE thought that paragraph 1 of Article 97 met the points raised by the delegate of Burma.

Dr. REID (Canada) noted that paragraph 1 of Article 65 stated that persons coming from yellow-fever infected areas must be vaccinated; he did not see why there should not be the same provision in the case of smallpox.

He proposed a new paragraph reading :

Vaccination against smallpox shall be required of any person leaving an infected local area on an international journey.

He supported the view of the delegate of the United States but suggested the addition to paragraph 2 of the words " or isolation or vaccination and isolation ". In that case, paragraph 3 might be deleted.

Dr. BRAVO (Chile) supported the proposal of the representative of the Pan American Sanitary Organization in regard to paragraph 4.

The CHAIRMAN put to the vote the proposal of the delegate of the United States, which superseded the proposal of the delegate of the Philippines.

*Decision:* The proposal to delete paragraph 1 was adopted by 15 votes to 11.

Professor CANAPERIA proposed that paragraph 2 be amended to read :

A person on an international journey who has left an infected local area within the previous fourteen days and who is not in possession of a valid certificate of vaccination, or who, in the opinion of the health authority, is not sufficiently protected by a previous attack of smallpox, may be required on arrival to submit to vaccination against smallpox, or to surveillance, or to vaccination followed by surveillance.

Dr. RAJA and Dr. DUJARRIC DE LA RIVIÈRE supported the proposal.

Dr. BJØRNSSON (Norway) suggested that no further proposals be put to the vote until a decision had been reached on the form of the international certificate of vaccination (Appendix 4).

#### **Appendix 4 : International Certificate of Vaccination or Revaccination against Smallpox**

Calling attention to the manner in which the result of vaccination must be recorded on the draft certificate, the CHAIRMAN said that the Joint OIHP/WHO Study Group on Smallpox—of which he had been a member—had made a slightly different recommendation, i.e., that the positive reaction should be that which occurred between the fourth and eighth day, so that the negative reaction would occur during the three days following vaccination, not four days.

It would appear that there had been an error in the redrafted form.

Referring to the validity of the certificate, he asked why a result was required if validity was to commence immediately from the date of vaccination : a result, no matter what it was, could not invalidate the certificate if properly completed.

Dr. RAJA said that a distinction should be made between primary vaccination and revaccination : a number of factors entered into the question of the success or otherwise of revaccination, including the degree of immunity which a person might possess against vaccination itself.

In regard to primary vaccination, recording of the result as required in the draft would seem to necessitate the lapse of a period before the certificate became valid. In revaccination there might be no positive result to record because a person had been vaccinated at frequent intervals and had a high degree of immunity. That might have to be considered in relation to Article 75 as well as to the certificate.

Dr. PADUA thought there was some confusion between the definitions of positive and negative results in the draft certificate. The textbooks mentioned three kinds of positive reaction in smallpox vaccination, which he described. If there were no reaction at all the notation would be negative, but when no reaction appeared within four days the result of vaccination was not negative but positive : that had been proved.

The CHAIRMAN said that the group of experts had taken a different view from that of Dr. Padua and the textbooks, i.e., that the immediate early pustular reaction was not, or should not be regarded as, evidence of immunity. It might be due to trauma or reaction to the protein. They recognized only two positive reactions—the typical primary reaction and the vesicular vaccinoid.

Professor CANAPERIA agreed with the delegate of India on the importance of a distinction between primary vaccination and revaccination. He had no doubt that the result of primary vaccination, which in the majority of cases was more or less positive, was of great importance. The recording of the result should remain on the certificate but might be differently placed. The certificate should state first the date of observation and, at the end, the result.

Dr. JAFAR, referring to the validity of the certificate, said that, in regard to the positive result, it could be assumed that a person had developed immunity from the vaccine which would last for three years, but asked why, in the case of negative result, the period of validity had been fixed at three years. Whilst the reaction might be negative on one occasion, it might be positive the next time.

The CHAIRMAN said he believed that the drafters of the certificate (Dr. Gaud and himself) had been reminded of a decision of the Expert Committee on International Epidemiology and Quarantine that, for several reasons, the result of vaccination should not be required. If, however, one depended on the result for validity, it must be awaited and recorded.

The first consideration of the expert committee had been that the vaccine must be potent and the method good. Secondly, that a person might have to wait six or seven days before the result could be recorded on his certificate, and they hesitated to impose such waiting period on 99% of travellers. They had thought that those practical considerations which, though not medical ones, were important, should be taken into account and had agreed that a recording of the result should not be required, but some governments, when sending their observations to the Organization, had not taken that view and had asked for results to be recorded. The provision had therefore been re-inserted.

Dr. BERGMAN thought it should be deleted.

Dr. BELL said that experience in the United States had shown that, with a fully potent vaccine and a proper method of insertion, a reaction could be

obtained regardless of prior immunity. He agreed that it would not appear necessary to require persons from infected local areas to wait for the result to be recorded, but in the case of a person coming from an epidemic area it might be well to ensure his immunity before allowing him to depart. The wisdom of such course had been demonstrated and confirmed.

Dr. PADUA supported the view of the delegate of the United States.

In reply to Dr. JAFAR, who repeated his question regarding the three years' validity in the case of negative result, the CHAIRMAN said that perhaps it should not have been so fixed.

Dr. BARRETT (United Kingdom) proposed that the result be deleted from the certificate, reliance being placed on the potency of the vaccine and proper methods of insertion for positive results, and, to a certain extent, on the provisions of paragraph 2 of Article 75, leaving it to the health authority to impose revaccination if considered necessary.

Dr. BJØRNSSON supported the proposal.

#### *Decisions:*

(1) The proposal of the delegate of the United Kingdom was adopted by 17 votes to 2.

(2) It was agreed that, in the revised draft to be presented to the committee at a subsequent meeting, a distinction should be made between primary vaccination and revaccination.

*The meeting rose at 12.10 p.m.*

## SEVENTEENTH MEETING

*Monday, 23 April 1951, at 9.30 a.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

### **1. Consideration of Draft International Sanitary Regulations**

**Article 75** [83] (continuation from previous meeting)

The CHAIRMAN, referring to the words "an international journey" used in Article 75, said that the existing definition of "international journey" did

not make it clear when a person ceased to be on an international journey, namely at what moment he became subject to the national laws of the country he entered. The same difficulty arose in connexion with other articles of the Regulations.

M. MASPÉTIOL (France) believed that as long as a person was in transit, the definition of "international

journey" applied. At the end of the journey, he became subject to the national laws for the duration of his visit.

Dr. RAJA (India) advocated a thorough discussion of the question. Varying interpretations of "international journey" might lead, through the enforcement of national laws, to the reversal of the provisions of the Regulations.

Dr. GEAR (Union of South Africa) had understood that persons on an international journey (and therefore subject to the provisions of the Regulations) were those travelling in ships or aircraft touching at international ports or passing through transit areas; persons in other circumstances came under national laws. The opinion of the Juridical Sub-Committee should be sought for the guidance of the committee.

Dr. JAFAR (Pakistan) was of the opinion that the term "international journey", and hence the period which a traveller would be considered in transit, should be interpreted in connexion with the incubation period of the various diseases covered by the Regulations.

*Decision:* The matter was referred to the Juridical Sub-Committee.

The CHAIRMAN, referring to the doubts in the minds of certain delegations in regard to the precise effect—in the light of the maximum measures permitted under Article 21—of the decision taken at the previous meeting to delete paragraph 1 of Article 75 (see page 119), asked the legal expert of the French delegation to give his opinion on the matter.

M. MASPÉTIOL said that, in view of the provisions of Article 21, the deletion of paragraph 1 of Article 75 would have no practical effect on the provisions of Article 21.

Dr. BELL (United States of America) proposed—in view of the opinion of the legal experts—to retain paragraph 1 and to replace the words "shall not be required" by "may be required".

The CHAIRMAN explained that the United States proposal was an amendment to a proposal of the delegation of the Philippines (see page 118) requiring valid certificates of vaccination of all passengers, even from a non-infected local area.

*Decision:* The United States amendment to the proposal of the Philippines delegation was adopted by 13 votes to 12.

Mr. HASELGROVE (United Kingdom) pointed out that paragraph 1, as amended, provided only for persons who produced a vaccination certificate. What would happen to those who failed to present a certificate?

Dr. BELL said that the purpose of the article was to protect States from the introduction of smallpox. The health authority should be able to place under surveillance (for the incubation period of the disease) persons without vaccination certificates who did not wish to be vaccinated. Some countries did not report smallpox cases, and travellers from such countries should be required to be vaccinated or submitted to surveillance on arrival because of the unknown status of the country from which they came.

While another article in the Regulations provided for notification, some time would elapse before the procedure became reliable and it was for that reason that the United States would like protection.

Mr. MOULTON (International Civil Aviation Organization) asked whether the Drafting Sub-Committee—without changing the substance—could re-word paragraph 1 to indicate the exact requirements with which a traveller must comply and the measures to be taken in the event of failure to meet those requirements.

*Decision:* Paragraph 1 was referred to the Drafting Sub-Committee.

The CHAIRMAN, replying to Dr. DUJARRIC DE LA RIVIÈRE (France) who pointed out that the measures under paragraphs 1 and 2 now appeared identical, explained that, under the provisions of paragraph 3, a traveller from an infected local area could be subjected to isolation if he refused vaccination.

Dr. VAN DEN BERG (Netherlands) considered that the United States' proposal eliminated the difference between infected and non-infected local areas as far as smallpox was concerned. The difference in treatment of persons arriving from the two types of areas was based on the procedure of notification, and countries should be trusted in the matter of proper reporting.

Dr. BARRETT (United Kingdom), supported by Dr. MACLEAN (New Zealand) said it was essential

to make a clear distinction between the intentions of the two paragraphs. Paragraph 1 should provide only for surveillance of a person not in possession of a vaccination certificate. The measures under paragraph 2 should include vaccination or surveillance, and the present paragraph 3 should be linked up with paragraph 2 so that a person refusing vaccination could be isolated. In no case should isolation follow the measures outlined in paragraph 1.

Dr. BELL agreed with the United Kingdom delegation, and proposed the addition to paragraph 1 of the following sentence :

A person not in possession of a valid certificate of vaccination may be required to submit to surveillance for a period not exceeding 14 days reckoned from the date of departure from the local area.

Dr. REID (Canada) recalled a proposal tabled by his delegation at the previous meeting (see page 119), namely that the following clause should be inserted somewhere in Article 75 : " Vaccination against smallpox shall be required of any person leaving an infected local area on an international journey ". While a traveller who refused to be vaccinated on departure could hardly be prevented from leaving a country, he should be subject, on arrival, to vaccination and isolation.

The above proposal was supported by Dr. BELL and Dr. PADUA (Philippines).

Dr. BARRETT thought that the proposal was too sweeping. The provisions of paragraph 2 were sufficient.

Dr. REID recalled a further proposal he had made at the previous meeting, namely, to add, at the end of paragraph 2 : " or isolation, or vaccination and isolation " (see page 119). If that amendment were accepted, his earlier proposal would become unnecessary because the case of a person who had refused vaccination on arrival would be covered.

Replying to the Chairman, he said that the period of isolation for a person accepting vaccination would not exceed the incubation period of the disease.

Dr. BRAVO (Chile) proposed the addition of the following sentence at the end of paragraph 4 : " or should end when vaccination becomes successful ".

Dr. MALAN (Italy) recalled the proposal of his delegation at the previous meeting for the amendment of paragraph 2 (see page 119).

Dr. REID and Dr. RAJA considered that a person willing to submit to isolation should be permitted to refuse vaccination.

The CHAIRMAN observed that the committee had before it three proposals. The Italian proposal, namely to replace the words " may be required on arrival to submit to vaccination against smallpox, or surveillance " in paragraph 2 by the words " may be required on arrival to submit either to vaccination or to surveillance or to vaccination followed by surveillance ", was in effect an amendment to the Canadian proposal and should therefore be voted upon first. If the Italian amendment were adopted, the Canadian amendment would automatically be ruled out, but the Chilean proposal, namely to add to the end of paragraph 4 the words " or should end when vaccination becomes successful " would not be affected.

#### *Decisions :*

(1) The amendment proposed by the Italian delegation was adopted by 18 votes to 2.

(2) The amendment proposed by the delegate of Chile was rejected by 13 votes to 8.

The CHAIRMAN, in reply to the delegate of the United States, explained that the Italian amendment did not involve the deletion of paragraph 3, but its addition to paragraph 2 as a further sentence.

#### **Article 76 [84]**

Mr. HASELGROVE proposed that the words " the voyage " at the end of the first sentence of Article 76 be replaced by the words " the last six weeks of the voyage ".

The CHAIRMAN explained that in the United Kingdom a voyage was considered to last as long as the period for which the crew was signed on, which might be three years. There must be some reasonable period after which a ship would cease to be regarded as infected even when cases had occurred on board.

Dr. JAFAR remarked that in Part I of the Regulations " international voyage " was defined as a voyage between two ports, which would rarely last anything approaching six weeks.

The CHAIRMAN asked the delegate of Pakistan to consider the example of a ship on which a case of smallpox had arisen and been landed at port A,

and which two days later put in at port B. The health authorities at port B might naturally wish to take action in view of the possibility that there might be cases on board in the incubation stage, and the United Kingdom delegation had suggested a period during which such action might be taken.

Dr. RAJA thought that, in the example postulated by the Chairman, the carrying out of the measures laid down in paragraph 1 (b) of Article 77 twice within three days, especially if no further cases had occurred, would be an undue imposition on passengers and crew. It was hard to say when a ship should cease to be regarded as infected, but certainly after the measures prescribed in Article 77 had been carried out and after no further cases had arisen for fourteen days it should be considered, at the worst, as suspected.

Dr. MACLEAN thought that in the hypothetical case quoted, at any rate, the United Kingdom proposal would be in conflict with the provisions of Article 35.

Mr. MOULTON pointed out that if the United Kingdom amendment was adopted the words "or an aircraft" would have to be deleted.

Dr. HEMMES (Netherlands) supported the United Kingdom proposal subject to one modification. Since it was proposed to treat an infected ship like an infected local area, then for the sake of conformity with Article 6, which prescribed general rules for infected local areas, a period of four weeks, or twice the incubation period, would be preferable to six weeks.

Mr. HASELGROVE said that his delegation was prepared to modify its proposed amendment in accordance with the suggestions of the delegate of the Netherlands and the representative of ICAO.

Dr. JAFAR said that the proposed amendment had considerable bearing on paragraph 2 of Article 77, which should therefore perhaps be discussed first. It was true, as the Chairman had said, that some provision should be made for the possibility that cases might be on board in the incubation stage, but paragraph 2 of Article 77 laid down that a ship was to be given free pratique after the measures prescribed in paragraph 1 had been carried out.

After some further discussion, Mr. HASELGROVE in answer to the various objections raised to his

proposed amendment, said that its real purpose was as follows: If a case of smallpox occurred on a ship, then the provisions of Article 77 would be applicable when it reached port. The ship would, however, leave that port and might reach another while there was still the possibility that cases were on board in the incubation stage, in which case the local health authority at the second port would naturally regard the passengers and crew as suspected, though by the provisions of Article 35 no further measures could be taken with regard to the ship itself. The question was therefore how long it should be permissible for health authorities to regard persons on board as suspected; he had first proposed six weeks and had since modified this proposal to four weeks in accordance with the suggestion of the Netherlands delegate. He had also accepted the suggestion of the ICAO representative to delete the words "or an aircraft".

*Decision:* The amendment proposed by the United Kingdom delegation, as modified, was adopted unanimously.

Mr. HASELGROVE, to meet a point raised by the delegate of Pakistan, said that his delegation would have no objection to redrafting the amended Article 76 on the following lines: "A vessel shall be regarded as infected if it has a case of smallpox on board or suspected if a case has occurred..." The word "suspected" could also be added in the first sentence of Article 77. It was a drafting point, and he was not himself proposing any difference in the treatment of the infected or suspected vessel.

Dr. SLOTBOOM (Netherlands) remarked that in that case the reference to aircraft could be restored, the category of "suspected" applying, of course, only to vessels.

Dr. JAFAR pointed out that the proposed drafting change would not be entirely satisfactory, since a ship on board which a case had occurred must be regarded as infected, not suspected, until the measures prescribed in Article 77 had been carried out.

The CHAIRMAN agreed that further drafting changes would be necessary. First, however, the committee might consider Article 77, since the two articles were bound up together.

#### **Article 77 [85]**

Dr. JAFAR thought that since the United Kingdom amendment to Article 76 had been adopted, paragraph 2 of Article 77 should be deleted, since even if

a ship ceased to be regarded as infected, it could not be given free pratique while it was still suspected.

Mr. HASELGROVE said that a suspected ship was not to be refused free pratique. At the most the passengers and crew would be isolated and their baggage might be disinfected.

The CHAIRMAN pointed out that passengers and crew would not even be isolated ; they would merely have to remain on board.

Dr. MACLEAN wondered whether the notion of free pratique was compatible with the taking of measures against persons on board. He understood free pratique as free intercourse between the ship and the land.

The words "an infected vessel or aircraft" in the first line of Article 77 should be replaced by "an infected vessel or aircraft or a suspected vessel", and a reference to Article 33 should be included in paragraph 2.

After some further discussion it was agreed that paragraph 2 should be modified so as to indicate that free pratique was to be granted, except that persons would not be allowed to land where a vessel was regarded as suspected under the provisions of the amended Article 76.

Dr. BARRETT proposed that, to clarify the measures to be taken, paragraph 1 (a) of Article 77 be amended to read :

...vaccination, or surveillance, or vaccination followed by surveillance, or in exceptional circumstances vaccination followed by isolation, for a period not exceeding 14 days from the date of disembarkation, of any person who is a suspect and who in the opinion of the health authority is not sufficiently protected by vaccination or by a previous attack of smallpox.

He also proposed the addition of a new subparagraph (b) reading : "a person refusing vaccination may be isolated". The original subparagraph (b) would become subparagraph (c).

*Decision:* The amendment was adopted by 16 votes to 1.

After some further discussion it was agreed that, since it was difficult to appreciate properly the effect of the many amendments adopted and drafting changes proposed to Articles 76 and 77, a rough draft of those two articles as modified should be circulated for further consideration before their reference to the Drafting Sub-Committee.

## Articles 78 [86] and 79 [87]

*Decision:* Articles 78 and 79 were adopted.

## Article 89 [95]

Dr. EL-FAR Bey (Egypt) proposed that Article 89 be amended to allow bills of health, without consular visa, to be required from vessels or aircraft.

Dr. JAFAR asked whether the Chairman could explain how the Expert Committee on International Epidemiology and Quarantine had come to decide that bills of health, even without consular visa, should no longer be required.

The CHAIRMAN said that about twenty years previously the Office International d'Hygiène Publique had come to the conclusion that a ship should not be condemned as infected merely because it came from an infected area, but should be judged by the findings at the port of arrival. The OIHP had therefore drawn up two international agreements, one for the abolition of bills of health and the other for the abolition of consular visas. The first agreement had been signed by many countries and the second by slightly less. Further signatures had since been obtained and there were at present relatively few countries whose regulations automatically required bills of health. The expert committee had drafted Article 89 in accordance with that trend.

In reply to an observation by the delegate of Pakistan, he pointed out that a bill of health concerned exclusively the state of health of the ports. Under the provisions of Article 25 of the draft Regulations any document concerning the state of health of the passengers or crew would be unnecessary, since persons already ill would not be allowed to embark, and the state of health of those still in the incubation stage could in any case not be ascertained.

If any alternative to a bill of health was necessary, it was provided by the notifications required under Part II of the draft Regulations.

Dr. EL-FAR Bey pressed his proposed amendment, since the application of many of the articles of the draft Regulations was bound up with the distinction between infected and non-infected areas. Without bills of health no such distinction could be made.

*Decision:* The proposed amendment was rejected by 13 votes to 1.



**Article 90 [96]**

The CHAIRMAN, in reply to a question by the delegate of the Netherlands, said that it was for national authorities to decide whether a surgeon was to be carried on ships other than those carrying pilgrims.

Mr. STOWMAN (United States of America) thought that, since the master of a ship was not an expert on health matters, the words "ascertain the state of health of all persons on board" in paragraph 1 of Article 90 should be replaced by "record any illness or death on board".

After some further discussion, Dr. DUJARRIC DE LA RIVIÈRE suggested that it would be sufficient merely to provide that the master of the ship or ship's surgeon fill out and sign the declaration of health.

Dr. MA'MOEN (Indonesia) stated that Indonesian ships carried a book of health, in which the master was required to record all happenings on board relevant to health. His country would like to retain the institution, which had proved of practical use, and he proposed that provision therefor should be made in Article 90.

Dr. MACLEAN suggested that Article 90 be left unchanged, since the expert committee had presumably adopted it after mature consideration.

*Decision:* Discussion of Article 60 was adjourned pending consideration of Appendix 5 (Maritime Declaration of Health).

*The meeting rose at 12.10 p.m.*

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**EIGHTEENTH MEETING**

*Monday, 23 April 1951, at 2.15 p.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

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**1. Consideration of Draft International Sanitary Regulations (continuation)**
**International Certificate of Vaccination or Revaccination against Smallpox**

The committee considered the revised draft form of the International Certificate of Vaccination or Revaccination against Smallpox (see page 131), prepared in accordance with the decisions taken at the sixteenth meeting.

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

In reply to a question by Dr. JAFAR (Pakistan) regarding the omission of the column headed "Origin and batch number of vaccine" which appeared on the certificate in the 1944 Conventions, the CHAIRMAN said that the Expert Committee on International Epidemiology and Quarantine had not considered it important except in the case of yellow fever.

Dr. DUJARRIC DE LA RIVIÈRE (France), referring to the heading of the third column, said that the majority of medical practitioners did not have a

seal or stamp. If a stamp were required the certificate would have to be authenticated and it would therefore be preferable to state "Official stamp of authentication".

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

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

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

The CHAIRMAN reminded the delegate of India that the committee had decided by vote, at the sixteenth meeting, that the result should not be

recorded (see page 120): the certificate would merely record that vaccination had been performed, and would become valid immediately.

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

Dr. RAJA felt that it would be desirable, in respect of primary vaccination, to prescribe a period after which the certificate would become valid, adding that full immunity would be achieved within seven or eight days.

Dr. MACLEAN, referring to the vaccination of infants, thought that, in most countries, it would be considered that an infant under three months old was not likely to have been exposed to infection. He therefore suggested that the certificate should state that vaccination was not required for an infant under three months.

Dr. DUJARRIC DE LA RIVIÈRE believed that infants should be vaccinated as soon after birth as possible. That was done in France, where, as a result, there were few cases of post-vaccinal encephalitis. He would oppose postponing vaccination until infants were three months old.

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

Regarding immunity, immunization was different from vaccination and the certificate related to vaccination and not immunization.

Dr. MACLEAN, while agreeing with the delegates of France and the United States, said that there might be occasions when an infant was required to travel by air within a few days of birth and there would be no time for vaccination. He had suggested three months as the maximum period of exemption but would agree to one month if that were the view of the committee.

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

Dr. VAN DE CALSEYDE (Belgium) said there was some repetition between the words "has...been

vaccinated or revaccinated..." in the third line, and the fourth column: "State whether primary or revaccination".

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

Dr. DUJARRIC DE LA RIVIÈRE, although accepting the simplification of the certificate, regretted that it did not include a space for a statement as to the origin and nature of the vaccine. He considered that the professional status of the vaccinator and the quality of the vaccine were of equal importance. In case of accident the necessary measures could be taken if the origin and nature of the vaccine were known.

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

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

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

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

Dr. DUJARRIC DE LA RIVIÈRE agreed, saying that each government should be responsible for what was done in its own territory.

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

Dr. EL-HALAWANI (Egypt) felt that, as the certificate was for international use, vaccination must be approved by the governments concerned. He

therefore suggested that the word "approved" be included in the heading of the third column.

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

If the right of certification were refused to any but approved vaccinators, it would, from the international point of view, be equivalent to depriving a large number of medical practitioners of a right which was conferred on them with their diplomas. Dr. Maystre of the World Medical Association had called attention to the matter in his note concerning the certificates of vaccination annexed to the draft Regulations.<sup>7</sup>

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

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

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

<sup>7</sup> The note submitted by the World Medical Association read:

In many countries when vaccination has been carried out and certified by a medical practitioner, the traveller must also go to the health authority to get the vaccinator's certificate authenticated. This application to the health authority causes loss of time; it gives rise, moreover, to discrimination between the cases in which the practitioner's attestation is valid and the cases in which it is not. Obviously, practitioners have only been able to vaccinate and certify in virtue of a decision of the health authority which granted them the right to practise medicine in general, and to vaccinate and certify in particular. By proceeding in these cases to authentication, the health authority stultifies itself, seeing that it no longer recognizes as valid the medical declarations made by the practitioners to whom it has granted the right to vaccinate and certify.

The World Medical Association expresses the earnest hope that the International Sanitary Regulations should make no distinction between the various groups of medical men, by discriminating between a valid and a non-valid attestation. Accordingly, it draws the committee's attention to the terms of the article concerning the expression "authenticated" and to the text of the certificates as set out in Appendix 2 and Appendix 3; it would like to have clearer statements on the interpretation of these texts, which require the collaboration of all doctors.

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

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

- (1) that the third column be headed "Approved stamp";
- (2) that the second paragraph below should read:

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

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

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

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

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

*Decision:*

- (1) The proposal of the delegate of India was rejected by 11 votes to 11.
- (2) The draft certificate was adopted, subject to the separate amendments already approved.

### **International Certificate of Vaccination or Revaccination against Cholera**

The CHAIRMAN recalled that the heading of the third column of the revised draft of the certificate (see page 131) had been altered in accordance with the amendment proposed by the delegate of South Africa in the thirteenth meeting (see page 97). He assumed that Dr. Gear would agree to change "official stamp" to "approved stamp" in the heading of the third column and to amend paragraph 4, first line, to read: "The approved stamp of the vaccinator must be in the form prescribed...", as had been done in the case of the certificate of vaccination against smallpox.

Dr. DUJARRIC DE LA RIVIÈRE said that as his delegation did not consider one dose of vaccine

sufficient from a scientific point of view, he could only accept the certificate if the word "may" were substituted for "shall" in the first line below the form.

The CHAIRMAN said that there was of course no objection to a vaccination carried out with two or more injections, but that the validity of the certificate came into force six days after the first injection or, in the case of revaccination within six months, immediately after the first injection.

*Decision:* The proposal was accepted.

A discussion took place on the proposal of Dr. EL-HALAWANI to specify the amount and strength of the dose. Unless that were done, he held, it would be impossible to rely on the certificate. He suggested that 8,000 million vibrios per c.c. should be specified.

The CHAIRMAN recalled that the Expert Committee on International Epidemic Control had, in its report of 26 April 1948,<sup>8</sup> recommended that "for practical purposes of international quarantine a single injection of vaccine should be accepted". It had further recommended that cholera vaccine and the methods of its preparation should be standardized as soon as possible.

The SECRETARY said that the Expert Committee on Biological Standardization had unanimously declared that standard methods of appraising the protective value of the vaccine were not yet available and had emphasized that the vibrio content could not be used as a criterion. The size of the vibrios varied, so that in some cases it would be materially impossible for a vaccine to be liquid with a content of 3,000 million per c.c. It therefore seemed desirable that no specific requirements should be laid down in the certificate until the expert committee had recommended standards.

*Decision:* After a further exchange of views, a vote was taken and the certificate of vaccination against cholera was adopted, subject to the amendment proposed by the delegate of France and the substitution of "approved stamp" for "official stamp" (with consequential amendments) as in the case of the certificate of vaccination against smallpox.

#### **Article 90 [96] (continuation from page 125)**

Dr. MA'MOEN (Indonesia) thought that, at the previous meeting, he had not made clear the position regarding the book of health which his country

required (see page 125). The sanitary documents required under the quarantine regulations of Indonesia were bills of health, books of health and declarations of health. The book of health was a kind of diary of the state of health on board which was handed to every ship at its first port of call in Indonesia and was countersigned by the harbour master at each subsequent port of call in the country. It was consulted by the health authority of a port before free pratique was given and facilitated medical inspection of the ship. He proposed that books of health should be included in the requirements under Article 90 and asked for postponement of a final decision until his delegation had circulated a memorandum giving full details.

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

#### **Appendix 5 : Maritime Declaration of Health**

Dr. LENTJES (Netherlands) suggested that the period of time in the footnote to the maritime declaration of health should be reduced to 28 days or twice the incubation period, in accordance with paragraph 2 (a) of Article 6 and with the decision taken on Article 76 (see page 123).

Dr. BARRETT felt that a suggestion of Dr. RAJA to specify double the incubation period for each disease might make things difficult for the master of the ship if there were no doctor on board.

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

Dr. MACLEAN thought that 28 days would not cover the case of plague among rodents and therefore suggested suppression of the reference to the footnote in question 2.

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

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

Dr. MACLEAN considered that the risk would be very considerable if abnormal mortality among rodents on board even seven or eight weeks before were not notified on arrival. He proposed that the footnote reference should be suppressed and

<sup>8</sup> Unpublished report—document WHO.IC/Epid/8 Rev.1

question 2 should read : " Has plague occurred or been suspected among the rats or mice on board since the last port of call or...".

*Decision:* A vote was taken and the proposal was adopted.

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

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

Dr. DAENGSVANG (Thailand) proposed bringing the declaration into line with the measures laid down in Articles 49 and 50 by adding " or is the ship heavily infested with rats?" at the end of question 2.

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

*Decision:* The proposal of the delegate of Thailand was rejected by 7 votes to 6.

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

*Decisions:*

- (1) A vote was taken and the proposal was rejected.
- (2) The declaration was adopted as amended.
- (3) In the absence of objections, the schedule to the declaration was adopted.

## Article 91 [97]

Mr. STOWMAN (United States of America) said the United States airlines were anxious for the addition in paragraphs 1 and 2 of " or a representative of the aircraft operator " after " The pilot in command of an aircraft ", because the pilot did not always have time to undertake the requirements.

Dr. BARRETT thought the dispensation should only be granted in the case of short journeys and that it

was a matter for agreement between the two States concerned.

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

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

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

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

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

## Article 92 [98]

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

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

Dr. DUJARRIC DE LA RIVIÈRE was opposed to the proposal. The principle of issuing documents in two working languages had been adopted not only by WHO but also by the United Nations.

Mr. STOWMAN felt that the certificates in question could not be considered as WHO documents.

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

Dr. DUJARRIC DE LA RIVIÈRE said they should be printed in languages understood all over the world. With regard to whether the certificates were WHO documents, he pointed out that they formed part of the draft WHO Regulations No. 2 under discussion. Moreover since Spanish had been admitted as one of the working languages of WHO he saw no objection to the forms being printed in English, French, and Spanish as well as an official language of the country which printed them.

Dr. JAFAR supported the first observation of the delegate of France.

Dr. MA'MOEN thought that the forms should be required to be completed in the same languages, since a form filled in Arabic, for instance, would be unintelligible in many countries.

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

Dr. DE CARVALHO-DIAS proposed that the certificates should be printed in three languages, English,

French and an official language of the territory of issue.

*Decision:*

(1) The proposed amendment was rejected by 12 votes to 7.

(2) The amendments having been rejected, Article 92 was retained as drafted.

Mr. STOWMAN proposed the addition of a second paragraph to Article 92 reading :

Immunization documents provided by the military forces of each country and carried by members of those forces in uniform shall be accepted in lieu of the international certificates if judged by the Organization to be in substantial conformity with the medical requirements indicated in Appendices 2, 3 and 4.

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

In reply to Dr. DUJARRIC DE LA RIVIÈRE who thought it would be necessary for WHO to lay down standards of comparison, Mr. STOWMAN said that the Organization had judged the international vaccination certificate as printed in the United States which differed from the form in the 1944 Convention, to be in substantial conformity therewith, with the result that it was accepted throughout the world.

The CHAIRMAN suggested, and Mr. STOWMAN agreed, that the new paragraph might more appropriately come under Article 93.

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

*The meeting rose at 5.10 p.m.*

## Appendix

## INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX \*

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

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

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

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

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

## INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA \*

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

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

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

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

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

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

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

\* In its final form, this certificate is bilingual.

## NINETEENTH MEETING

*Tuesday, 24 April 1951, at 9.30 a.m.*

*Chairman: Dr. M. T. MORGAN (United Kingdom)*

# 1. Consideration of Draft International Sanitary Regulations (continuation)

## Article 75 [83]

### *Amendment submitted by the Canadian Delegation*

The CHAIRMAN reminded the committee of an amendment to Article 75 of the draft regulations submitted by the Canadian delegation at the sixteenth meeting (see page 118) and, through a misunderstanding, not voted upon.

After some discussion, it was agreed that, since it had been decided to resume discussion of Article 75 after the circulation of a revised text incorporating the amendments so far adopted, it would be in order to consider the amendment proposed by the Canadian delegation at that stage.

## Article 91 [97] (continuation from page 129)

Dr. JAFAR (Pakistan) wished for a clear definition of the term "agent" employed in the amended text adopted for Article 91.

The CHAIRMAN thought that the committee could reopen the discussion of Article 91 only by a two-thirds majority.

Dr. JAFAR thought that a simple majority was sufficient.

After some discussion, it was agreed to seek a legal opinion on the majority required under the Rules of Procedure.

## Article 93 [100]

Dr. RAJA (India) proposed that a sentence on the following lines be added to Article 93: "Nevertheless, individual governments may at their discretion require that passengers arriving by air at a designated port of call in their territories shall fill the personal declaration form prescribed in the International Convention for Aerial Navigation, 1944".

Dr. MALAN (Italy) supported the views of the delegate of India. The Personal Declaration of Origin and Health provided for in the International

Convention for Aerial Navigation, 1944, served a useful purpose and should be retained. He agreed with the comment on Article 93 submitted by the Government of Ireland.<sup>9</sup>

The regulations should also provide for the delivery on arrival, by the person in charge of a vessel to the sanitary authorities, of a list of passengers and members of crew, the places from whence they came and their destinations.

Dr. RAJA added that since it had been agreed that small local areas in yellow-fever endemic zones might from time to time be declared free from infection, a provision empowering health authorities of airports to inspect the log-books of aircraft on demand would also be useful.

In reply to a question put by the CHAIRMAN, he suggested that, though his country was primarily interested in yellow fever, provision for the Personal Declaration should be made in general terms, since other delegations might require it from travellers arriving from local areas infected with other epidemic diseases.

Dr. GEAR (Union of South Africa) recalled that the Expert Committee on International Epidemiology and Quarantine had decided after mature consideration that personal declarations of health were of doubtful epidemiological value. The information required in particular instances where there was doubt as to the validity of vaccination certificates could be obtained by direct questioning.

Dr. BERGMAN (Sweden) supported that view.

Dr. JAFAR supported the proposal of the delegate of India. His own experience had been that persons in a hurry did not give satisfactory answers to oral questions.

<sup>9</sup> In this document the Government of Ireland proposed the retention of the Personal Declaration of Origin and Health which, it considered, would avoid questioning of passengers (a procedure regarded as unsatisfactory) and enable health control staff to clear transit and embarking passengers with the minimum of delay.



Dr. RAJA agreed that oral questioning was inadequate. Moreover, on the arrival of an aircraft from a local area infected with yellow fever, it was essential for the required information to be available immediately on landing, to permit of rapid segregation of persons whose vaccination certificates were not in order.

Dr. EL-FAR Bey (Egypt) agreed with the delegates of India and Pakistan.

Mr. STOWMAN (United States of America) thought that, rather than open up the possibility of more and more declarations being demanded, Article 93 should be adopted as it stood. At most, declarations should be required from persons coming from yellow-fever endemic zones and at the port of destination only.

Dr. BARRETT (United Kingdom) agreed with the delegate of the United States. His own experience over the past ten years had been that, as personal declaration forms did not fully allow for the means of transport used and changes during the voyage, much of the information was useless, to say nothing of the fact that many passengers objected to the imposition and refused to give the information required.

Dr. JAFAR, in reply to the observation of the United States delegate, said that he himself in travelling to and from Europe had filled in many declaration forms, always for submission at the port of destination.

Dr. GEAR said that, particularly in the tropics, many persons were not in a fit state to fill in forms on board an aircraft; the result was delay after landing.

His own country, one of the few which had required personal declaration forms in the past, had found them unsatisfactory from epidemiological and other points of view.

Mr. MOULTON (International Civil Aviation Organization) said that the body which he represented considered personal declaration forms at least as out-dated as, and worse in principle than, bills of health, which the committee had already decided should no longer be required. It would be recalled that there had been concern in the committee as to whether the master of a ship had sufficient knowledge to sign a maritime declaration of health, and yet it was the individual passenger who was required to sign the personal declaration.

With no sound epidemiological basis, the requirement of personal declarations was discriminatory against aviation as opposed to other forms of transport. It had been applied in only a few countries, and there, as in South Africa, it had soon fallen into disrepute and disuse.

With regard to the last remarks of the delegate of Pakistan, it would be seen from the observations submitted by the Government of Ireland (see footnote 9 to page 132) that it was in fact to transit passengers that the provision was to apply.

Finally, with regard to the second suggestion of the delegate of India, there was a provision in the ICAO convention under which airport authorities could inspect log-books at any time.

The CHAIRMAN suggested that the committee proceed to vote on the proposed amendment.

Dr. RAJA, following a point raised by Mr. HASELGROVE (United Kingdom), stated that he wished the Personal Declaration to be permissive, and only for aircraft coming from local areas infected with yellow fever. He was agreeable to his proposal being voted upon in that sense.

Dr. EL-FAR Bey wished the Personal Declaration to be permissive also in the case of aircraft coming from local areas infected with cholera.

The CHAIRMAN put first to the vote the Egyptian amendment to the proposal of the delegate of India.

#### *Decisions:*

- (1) The amendment of the delegate of Egypt was rejected by 17 votes to 1.
- (2) The proposal of the delegate of India was rejected by 14 votes to 8.
- (3) Article 93 was adopted as drafted.

#### **Article 91 [97] (continuation from page 132)**

Dr. BIRAUD, Secretary, announced that a legal adviser to WHO had given as his opinion that in pursuance of Rule 53 of the Rules of Procedure of the Health Assembly, the committee could change its decisions by a simple majority.

The CHAIRMAN said that a vote could therefore be taken on the request made earlier in the meeting by the delegate of Pakistan for a reopening of the discussion of Article 91.

*Decision:* It was agreed by 12 votes to 8 to reopen the discussion.

The CHAIRMAN explained that the specific point for clarification concerned the responsibility, and presence on board an aircraft during the flight, of the person authorized to sign a copy of the Health Part of the Aircraft General Declaration.

Dr. JAFAR mentioned that the document was relatively small. He strongly advocated that it should be signed by the pilot in command as the responsible authority in charge, even if prepared by an authorized agent. Otherwise the person signing might well be the stewardess or some minor official.

Mr. REIBER (United States of America) argued that it was the operator of the airline, not the pilot in command, who was responsible to the government which had originally signed the ICAO agreement. Therefore the question of responsibility did not arise. He urged the committee, for practical reasons, to adopt the addition of the words "or his authorized agent".

Mr. MOULTON, replying to questions put by the CHAIRMAN and Dr. DUJARRIC DE LA RIVIÈRE (France) explained that a pilot in command—although he had sole responsibility for the aircraft and its passengers during flight, did not have the same overall and conclusive responsibility as the master of a ship under maritime law. The Aircraft Declaration of Health now formed part of the Aircraft General Declaration—a complicated document which had to be prepared very rapidly. Most ICAO Members had agreed that that declaration could be signed by the pilot, or by the authorized agent if the pilot was not available.

Dr. REID (Canada) objected to the wording as amended. In his view, the words "authorized agent", if adopted, should be qualified by: "who is also a member of the crew".

*Decision:* It was decided by 8 votes to 5 to retain the wording of paragraph 2 as it stood in the original draft.

#### **Article 92 [98] (continuation from page 129)**

Mrs. VANLONKHUIZEN BIEMOND (Indonesia) repeated the amendment tabled by her delegation at the previous meeting, namely, that the blank spaces in the certificates specified under Appendices 1, 2, 3, and 4 should, for practical reasons, be completed either in English or in French.

Dr. GEAR indicated that, should the proposal be accepted, his Government would be obliged to make

a reservation since in his own country either of its official languages could be used for the completion of official documents.

The CHAIRMAN explained that the proposal did not apply to the printed text but only to the blank spaces to be filled in.

*Decision:* The proposal was adopted by 12 votes to 3.

#### **Articles 12 to 17, New Articles 18, 19**

##### *Draft submitted by the United Kingdom Delegation*

Mr. HASELGROVE introduced his delegation's proposed amendments to Articles 12 to 17, redrafted to meet the views expressed during formal or informal discussions (for previous draft, see page 52). The amendments read:

##### *Article 12*

1. Each health administration shall as far as practicable ensure that ports and airports in its territory shall have at their disposal an organization and equipment sufficient for the application of the measures provided for in these Regulations.
2. Every port and airport shall be provided with a supply of pure drinking water.

##### *Article 13*

The health authority for each port shall:

- (a) take all practicable measures to keep rodents in the port installations to a negligible number;
- (b) make every effort to extend rat-proofing to the port installations.

##### *Article 14*

There shall be available to as many of the ports in a territory as practicable an organized medical service with adequate staff, equipment and premises, and in particular facilities for the prompt isolation and care of infected persons, for disinfection, for bacteriological investigation, and for any other appropriate measure required by these Regulations.

##### *Article 15*

1. Each health administration shall ensure that there is available at a sufficient number of the ports in its territory the personnel competent to

inspect ships for the issue of the Deratting Exemption Certificates referred to in Article 46 and the health administration shall approve such ports for that purpose.

2. The health administration shall designate a number of these approved ports in its territory, depending upon the volume and incidence of its international traffic, as having at their disposal the equipment and personnel necessary for the deratting of ships for the issue also of the Deratting Certificates referred to in Article 46.

#### *Article 16*

As soon as it is practicable, and where it is necessary for the accommodation of direct transit traffic, airports shall be provided with direct transit areas.

#### *Article 17*

1. Each health administration shall designate as sanitary airports a number of the airports in its territory, depending upon the volume of its international traffic.

2. Every such sanitary airport shall have at its disposal :

- (a) an organized medical service with adequate staff, equipment and premises ;
- (b) facilities for the transport, isolation, and care of infected persons or suspects.
- (c) facilities for efficient disinfection and disinsecting, and for any other appropriate measure required by these Regulations ;
- (d) a bacteriological laboratory, or facilities for dispatching suspected material to such a laboratory ;
- (e) facilities for vaccination against cholera, yellow fever and smallpox ;
- (f) an effective system for the removal and safe disposal of excrement, refuse, waste water, condemned food, and other material dangerous to health.

#### *New Article 18*

1. Every port situated within a yellow-fever endemic zone or a yellow-fever receptive area, and the area within the perimeter of every airport so situated, shall as far as practicable be kept free from *Aedes aegypti* in their larval and adult stages.

2. Every airport situated within a yellow-fever endemic zone :

- (a) shall be provided with mosquito-proofed dwellings and sick quarters for passengers, crews, and airport personnel ;

(b) shall be freed from mosquitos by systematically destroying them in their larval and adult stages within the perimeter of the airport, and within a protective area extending for a distance of four hundred metres around that perimeter ;

(c) shall, if it is a sanitary airport constructed after the coming-into-force of these Regulations, have no buildings in the protective area, except that shelters for radio aids to navigation, control vans, and similar devices may be placed within the area if required by local circumstances.

3. No unauthorized person shall be allowed within the protective area specified in paragraph 2 of this Article.

4. For the purposes of this Article, the perimeter of an airport means a line enclosing the area containing the airport buildings and any land or water used or intended to be used for the parking of aircraft.

#### *New Article 19*

1. Each health administration shall send to the Organization :

(a) a list of the ports in its territory approved under Article 15 for the issue of :

- (i) Deratting Exemption Certificates only, and
- (ii) Deratting Certificates and Deratting Exemption Certificates ;

(b) a list of the sanitary airports in its territory.

2. The health administration shall notify to the Organization any change which may occur from time to time in the lists required by paragraph 1 of this Article.

3. The Organization shall send immediately to all health administrations the information received in accordance with this Article.

Consequential amendments involved were the deletion of the definition of " approved port " and modifications to paragraphs 2 and 4 of Article 46.

Mr. HASELGROVE explained the purpose of the proposed amendments as follows :

Article 12 was drafted in the form of a general article applying to both ports and airports, a second paragraph having been added concerning the supply of pure drinking water. It would be noted that the conception of special ports designated as sanitary ports had not been introduced ; instead the principle was expressed that ports should be generally equipped for international traffic to the best of the ability of the government concerned.

His delegation attached considerable importance to the requirement of Article 15—although it was by no means obligatory—that competent personnel, qualified to inspect ships on the spot for the issue of Deratting Exemption Certificates, should be available at certain ports other than the larger ports.

Article 16 set forth the principle of providing direct transit areas in connexion with international air travel.

Article 17 retained the conception of sanitary airports—in deference to majority views expressed.

Article 19 merely provided machinery for disseminating information to WHO and to the countries concerned.

After a number of speakers had paid a tribute to the draft of the United Kingdom delegation and expressed general approval of the proposed amendments, the CHAIRMAN suggested that the articles should be considered seriatim, and observations made in that order for the guidance of the Drafting Sub-Committee.

#### *Revised Articles 12, 13 and 14*

*Decision:* The articles, in the absence of objections, were adopted.

#### *Revised Article 15*

Dr. JAFAR expressed some misgivings about the procedure outlined for the designation of ports merely for inspection purposes. First, difficulties would arise in the case of an interim port with no facilities for the proper inspection of a ship for the presence or absence of rats. Secondly, if a deratting exemption certificate had been refused after inspection at an interim port, would an empty ship have to proceed to an approved port for the purpose of deratting and then return to the first port for reloading? He was definitely opposed to a second category of approved ports.

Dr. MACLEAN (New Zealand) disagreed. The essential point was that a ship should be empty, and that often occurred at secondary ports. In New Zealand competent officers were available at secondary ports to inspect a ship and issue a deratting exemption certificate. It lay with each country to designate the ports approved for the purpose. He supported the article as drafted by the United Kingdom.

Dr. JAFAR, replying to the CHAIRMAN, said he was not opposed to the practice followed in the United Kingdom, namely that, should the need arise, an

inspector could be sent from another port and could issue the necessary certificate.

The CHAIRMAN suggested an alternative draft for paragraph 1 of Article 15:

Each health administration shall ensure that a sufficient number of ports in its territory shall have at their disposal the personnel competent to inspect ships...

Dr. EL-HALAWANI (Egypt) proposed the addition of a sentence on the following lines: "Any ship coming from an infected local area shall make its first call at a designated port".

Mr. HASELGROVE thought that the point was fully covered under Article 36.

#### *Decisions:*

- (1) On a vote being taken, the proposal was rejected.
- (2) Article 15 was adopted as amended by the Chairman.

#### *Revised Article 16*

Dr. MACLEAN proposed the omission of the words "As soon as it is practicable".

Mr. STOWMAN, supported by Dr. RAJA and Mr. HASELGROVE, proposed the addition of the following sentence: "Transit areas in yellow-fever endemic zones or receptive areas shall be mosquito-proof".

Mr. HASELGROVE, replying to the delegate of New Zealand, felt that while the Regulations should not be made immediately mandatory, it was preferable to lay down the principle that direct transit areas should be provided.

*Decision:* The New Zealand proposal to delete the words "As soon as it is practicable" was rejected by 15 votes to 3.

Mr. STOWMAN thought that it was sufficient to place the words "As far as it is practicable" at the beginning of the article.

*Decision:* The United States proposal was unanimously adopted.

## **2. Credentials of the Delegate of Portugal**

The committee decided, without convening a meeting of the Sub-Committee on Credentials, to accept the credentials of Dr. de Carvalho-Dias (Portugal)—examined and found in good order.

*The meeting rose at 12 noon.*

## TWENTIETH MEETING

*Tuesday, 24 April 1951, at 2 p.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

# 1. Consideration of Draft International Sanitary Regulations

## Articles 12 to 17, New Articles 18, 19

*Draft submitted by the United Kingdom Delegation*  
(continuation from previous meeting)

### *Revised Article 17*

Dr. VAN DE CALSEYDE (Belgium) proposed that "sanitary airports" should be defined and that in the French text the first sentence of paragraph 2 should read "Chaque aéroport sanitaire doit pouvoir disposer..." to concord more precisely with the English text.

It was agreed that by implication a sanitary airport was an airport that complied with the provisions of paragraph 2.

### *Decision:*

- (1) It was agreed that, in the French text, paragraph 2 should be redrafted as suggested by the delegate of Belgium.
- (2) On the proposal of Dr. RAJA (India) it was agreed to amend paragraph 2 (c) to read "facilities for efficient disinfection, disinsecting and destruction of rodents, and for any..."
- (3) A vote was taken and a proposal of Dr. SLOTBOOM (Netherlands) was adopted that paragraph 2 (f) should apply to every airport open to international traffic.
- (4) Article 17 was adopted subject to the above amendments and referred to the Drafting Subcommittee.

### *New Article 18*

Dr. DUREN (Belgium) proposed the deletion of paragraph 2 (c) and paragraph 3.

Mr. STOWMAN (United States of America) felt that paragraph 2 should be maintained and thought the provisions would be feasible if the word "sanitary" were added before "airport" in the first line.

Dr. DUREN, while agreeing to the addition, maintained his proposal. Paragraph 2 (c), would be very difficult of application and was in any case covered by sub-paragraph (b). Paragraph 3 was a matter for the local police and need not appear in international regulations.

### *Decisions:*

- (1) The proposals of the delegates of the United States and Belgium were put to the vote and adopted.
- (2) A proposal by Dr. EL-HALAWANI (Egypt) to delete the words "as far as practicable" in paragraph 1 was adopted by 13 votes to 5.
- (3) A proposal by Dr. RAJA to add "and runways and landing ground" at the end of paragraph 4 was put to the vote and adopted.

### *New Article 19*

Mr. STOWMAN, seconded by Dr. VAN DE CALSEYDE, proposed that a new sub-paragraph (c) should be added in paragraph 1 requiring that a list of airports provided with transit areas should be furnished as soon as practicable.

### *Decisions:*

- (1) The proposal was put to the vote and adopted.
- (2) Article 19 was adopted subject to the above amendment.
- (3) In the absence of observations the consequential amendments were approved.

## Appendix 6 : Health Part of the Aircraft General Declaration

Dr. BARRETT (United Kingdom) suggested that paragraph (a) should be brought into line with the Maritime Declaration of Health and should read: "Illness suspected of being of an infectious nature that has occurred on board during the flight" because there were physiological conditions that might be due to the height and rapidity of the flight which need not be included. Moreover he suggested that to draw attention to airsickness was not a good advertisement for civil aviation.

The CHAIRMAN suggested that as it would be a layman who would interpret the health part of the Aircraft General Declaration it might be advisable to add a note on the lines of that included under question 5 in the Maritime Declaration of Health in Appendix 5 to the Draft Regulations.

Replying to Dr. EL-FAR Bey (Egypt) who asked that information on the number of passengers on board and passengers disembarking should be included, the CHAIRMAN explained that the declaration under discussion formed part of a book which included all such information.

*Decision:* Appendix 6 was adopted subject to the amendment suggested by the delegate for the United Kingdom and was referred to the Drafting Sub-Committee.

#### **Article 94 [101]**

Dr. BERGMAN (Sweden) asked whether the preliminary inspection of a vessel before granting a Deratting Exemption Certificate was to be considered as a medical examination for the purposes of paragraph 1 (a) of Article 94. The definition of "medical examination" included "visit to and inspection of a vessel".

Dr. EL-HALAWANI said that charges should not be abolished. If they were, the health authority might be obliged to limit the number of its medical officers, with a resulting delay in inspection of vessels. Moreover, WHO should not infringe on the domain of the finance ministers who might have included such charges in the national budget, nor would it be just to expect the taxpayer to contribute towards international trade. He therefore proposed the deletion of paragraph 1 and the reference thereto in paragraph 2.

Mr. STOWMAN said the United States Government based its approval of Article 94 on the principle that the various measures were prescribed for the protection of the national community. Medical examination of persons arriving in a country was carried out to protect the population of that country, as was vaccination, which was included in paragraph 1 (b) of Article 94, so that it would not be proper to charge the cost to the persons arriving. It might be argued that when a ship was infested with rats the shipowners should pay, but his Government felt that examination for the presence of rats was a matter of national protection. Therefore, although he would not call it a medical examination, he proposed that the inspection should be exempted from charges.

Dr. MALAN (Italy), while agreeing in principle with Article 94, felt that payment of indemnities to personnel in special circumstances, for instance, in the case of night work, should be envisaged.

Dr. EL-HALAWANI said that he was not asking for the deletion of paragraph 1 (b), since vaccination was a general protective measure. It should, however, be possible to charge for medical examination, and especially night work, involving laboratory expenses which might be a heavy burden to a State which had a large expenditure for health schemes.

Mr. HASELGROVE (United Kingdom) was in general agreement with the observations of the United States delegate. In principle, the cost of quarantine measures should be borne by the countries which the measures were designed to protect, and not by international traffic. However, he felt that the article in its present form struck a fair balance in respect of the levying of charges.

Dr. MACLEAN (New Zealand) said that paragraph 1 appeared to refer to persons. If the committee was not in favour of charges in the case under discussion, a new sub-paragraph should be added to the following effect: "Any inspection of a ship before the granting of a deratting exemption certificate".

Dr. BERGMAN proposed that the definition of "medical examination" should be amended by inclusion of the words "does not include periodic examination of vessels for the granting of certificates under Article 46".

*Decision:* It was decided by 14 votes to 6 that States should have the right to charge for the inspection of a ship before the issue of a periodic Deratting Exemption Certificate. The question whether there should be a sub-paragraph to paragraph 1 of Article 94, or whether the definition of "medical examination" should be amended, was referred to the Drafting Sub-Committee.

Dr. EL-HALAWANI, reverting to his proposal to delete paragraph 1 (a), pointed out that in the case of the Suez Canal, which was a waterway through which as many as 40 ships a day passed on their way to various countries, the measures taken were for the protection of all those countries.

*Decision:* A vote was taken and the proposal of the delegate of Egypt was rejected.

In reply to a question by Dr. PADUA (Philippines), it was agreed that the "actual cost of the service rendered" in paragraph 2 (b) included the costs of the materials used.

Dr. LENTJES (Netherlands), seconded by M. MASPÉTIOL (France) suggested that the second sentence of paragraph 2 (c) was redundant and could be deleted.

Mr. GUTTERIDGE (Secretariat) speaking at the invitation of the CHAIRMAN, explained that the second sentence had been inserted in order to make it clear that there was not only to be no distinction between one foreign person or vessel and another but also between a national person or vessel and a foreign person or vessel.

M. MASPÉTIOL suggested a draft on the following lines : " be levied without distinction as to nationality, domicile or residence in the case of persons, or as to nationality, flag, registry or ownership, and without distinction being made as between national and foreign vessels, aircraft, carriages, wagons and road vehicles ".

*Decision:* It was agreed that the text should be referred to the Drafting Sub-Committee for revision.

Dr. MALAN said that as a result of the decisions taken his proposal was no longer appropriate.

*Decision:* Article 94 was approved as amended and referred to the Drafting Sub-Committee for revision in the light of the discussion.

## Article 95

Dr. LENTJES proposed the addition, after the words " these Regulations " in the first line, of the words " including Annexes A and B ".

Dr. RAJA asked what were the words " discriminate against any other such State " intended to mean. He said that quite often, even in the application of the Regulations, one country might wish to apply measures against another country so far as travellers and goods were concerned.

Mr. GUTTERIDGE thought that the words could be read in conjunction with paragraph 2 (c) of Article 94. That paragraph, however, dealt merely with discrimination against private persons, so that it was necessary to have a special provision to deal with the question of discrimination between States.

He believed the intention of the wording in Article 95 was that, for example, if State A were applying certain measures it should apply them equally against State B and State C.

Dr. MACLEAN suggested the following explanation : if State A were a yellow-fever receptive area

and States B and C were in endemic zones, and State B was considered by State A to have a better health service than State C, State A might be tempted to impose restrictions on persons coming from State C.

M. MASPÉTIOL thought there could be two interpretations : one rigid, allowing of no distinction ; the other, more elastic, enabling a distinction to be made if justified by health considerations. He suggested that the final phrase be amended on the following lines : after " provisions hereof ", " make any distinction not justified by health conditions ".

Dr. RAJA thought that, given the same conditions with respect to more than one country, a State wishing to impose any measures should not make a distinction between, say, two other States. It would appear that, where provisions in the Regulations were of a permissive character, a State could act as envisaged by the delegate of New Zealand. The use of the word " shall " in Article 95, however, made it mandatory on States not to do so.

It had repeatedly been stated that the purpose of the Regulations was to ensure minimum obstruction to the transportation of persons and goods. Where the provisions were permissive, a State could relax the measures : such relaxation would be in the public interest and would not be regarded as a form of discrimination.

He added that, as now drafted, the clause could be interpreted in a number of ways.

The CHAIRMAN said that, in view of the provisions of Article 94, no discrimination was likely to be made on other than health grounds. There was a question, however, of whether a State making a distinction would have to justify it.

Dr. RAJA said that, if the word " shall " were used in Article 95, and the present wording of Article 21 were retained, and if an international sanitary council, with provision for appeals, were established, any country which felt it had not been fairly treated could submit its complaint through the machinery provided, and even to the International Court of Justice if necessary.

M. MASPÉTIOL believed that if such a case arose, it could be dealt with according to the provisions of Article 107.

*Decision:* It was agreed that the Juridical Sub-Committee be asked to examine the article in the light of the opinions expressed, and that the

Drafting Sub-Committee, when redrafting the text, should make it quite clear that it applied to the annexes, appendices and certificates as well as the main body of the Regulations.

#### Article 96 [102]

*Decision:* The article was adopted without discussion.

#### Article 97 [103]

Dr. REID (Canada) proposed that the words "who are" be substituted for "or" between "migrants" and "seasonal workers" in paragraph 1.

The CHAIRMAN suggested that the word "migrants" might be used in the French text instead of "émigrants", but Dr. DUJARRIC DE LA RIVIÈRE (France) said that the word "migrants" would have no meaning in French and would not be used in an official document.

Mr. MOWAT (International Labour Organisation) said that, although the word "migrants" was not good French, it was used by ILO. He thought that "émigrants" as used in the article was not satisfactory, because the measures would be applied more to immigrants than emigrants.

Regarding Article 97 as a whole, Mr. Mowat explained the work which ILO had been doing for many years in connexion with migration problems and presented proposals for amending the article.

Since the article, as worded, might, in his opinion, encourage States to impose additional measures, he would like it deleted, but he realized that might not be acceptable to the committee for health reasons. He proposed, however, the deletion of Article 97 and the insertion, in Article 98, paragraph 1, of a sub-paragraph (e) reading "migrants or seasonal workers". The new sub-paragraph would be governed by the first sentence of paragraph 1.

If that proposal were not acceptable, he suggested that the word "additional" in paragraph 1 of Article 97 be deleted and the words "not mentioned in these Regulations" added after "sanitary measures".

Dr. DUJARRIC DE LA RIVIÈRE said that, apart from his remarks regarding the word "migrants", he considered that paragraph 1 was important from the epidemiological point of view. In Southern France seasonal workers were employed during part of the year, and they were responsible for importing small-pox into the country.

The CHAIRMAN thought it would be difficult to incorporate in Article 98 the amendment suggested by the representative of ILO, because it might restrict the liberty of States to make bilateral arrangements.

Dr. VOLLENWEIDER (Switzerland) said his delegation considered that Article 97 should be retained in its present form. Switzerland employed a large number of seasonal workers, who were examined not only for epidemic diseases but also for tuberculosis and syphilis; from 1% to 1.5% were refused because of tuberculosis.

Mr. STOWMAN said that his country had considerable interest in the question of immigrants and seasonal workers. As States accepting them would be bound by the Regulations, he thought that the words "Migrants or seasonal workers" must be retained in Article 97. If those words were incorporated in Article 98, many agreements already made by the United States with other countries would be affected. He saw no objection, however, to deletion of the word "additional".

In reply to Dr. DUREN who thought that the word "additional" could be interpreted to mean going beyond the maximum stated in Article 21, or that the measures could be applied to diseases other than those covered by the Regulations, the CHAIRMAN explained that in former years, when large numbers of Eastern European emigrants had passed through the United Kingdom on the way to the United States as immigrants there, agreements had been made between the government of the country of origin, the United Kingdom and the United States on the application of certain routine measures connected with the health and sanitary conditions of the travellers, additional to those laid down in the then existing Sanitary Conventions.

Dr. JAFAR (Pakistan) considered that, as the principle had already been established that, where necessary, special measures should be applied—as in the case of the Pilgrimage traffic—there was no difference between one kind of mass migration and another. He therefore asked for the retention of Article 97, with the inclusion of the word "additional", to cover any additional action which might at any time be considered necessary.

*Decision:* Article 97 was retained, subject to deletion of the word "additional" and the inclusion of "not mentioned in these Regulations" after "sanitary measures".



**Article 98 [104]**

Mr. STOWMAN proposed the insertion, in the first paragraph, of the word "health" between "geographical" and "social".

*Decision:* The amendment was accepted and the article was referred to the Drafting Sub-Committee.

**Article 106**

The CHAIRMAN said that the Juridical Sub-Committee had rightly considered that there was no need for them to examine the article, but had also questioned whether the article was necessary.

Mr. HASELGROVE proposed that the article be deleted because it purported to define the Constitution

of the Organization, and the sentiments expressed were unnecessary.

Dr. DUJARRIC DE LA RIVIÈRE supported the proposal.

*Decision:* It was decided by vote to delete the article.

**Appendix 1 : Deratting Certificate**

*Decision:* The draft certificate was accepted subject to amendment of footnote (b) in view of the new definition of "ship" (see page 53).

*The meeting rose at 3.45 p.m.*

TWENTY-FIRST MEETING

*Wednesday, 25 April 1951, at 9.30 a.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

**1. Credentials of the Delegate of the Dominican Republic**

The credentials of the delegate of the Dominican Republic (presented by Dr. Soper, Regional Director for the Americas) having been found in good and due form, it was agreed to accept them without convening a meeting of the Sub-Committee on Credentials.

**2. Composition of the Juridical Sub-Committee**

The committee confirmed the nomination of the delegate of Chile as a co-opted member of the Juridical Sub-Committee.

**3. Consideration of the Report of the Sub-Committee on the Mecca Pilgrimage**

No observations having been made on the substance of the report of the Sub-Committee on the Mecca Pilgrimage (see page 270), or on the definitions it had proposed, it was agreed, on the suggestion of the CHAIRMAN, to consider, article by article, Annexes A and B of the draft Regulations as amended by the sub-committee.

**Annex A <sup>10</sup>**

**Article 1 [A 1]**

Mr. HASELGROVE (United Kingdom) proposed that the words "refuse to allow him to enter the Hedjaz" in paragraph 2 should be amended to read: "or until arrangements can be made for his repatriation". While the present text resulted from a decision, taken at the third meeting of the sub-committee (see page 259) to extend the requirement of Annex A, Article 10 (applying to aircraft only) of the draft as first submitted to the Special Committee, it might happen that a ship carrying pilgrims to the Hedjaz would have to proceed elsewhere.

Dr. RAJA (India) supported the United Kingdom amendment. He further proposed to add a sentence as follows: "In the case of yellow fever, the pilgrim should complete his period of incubation in isolation".

Dr. DUJARRIC DE LA RIVIÈRE (France) thought it was sufficient for the second paragraph to end after

<sup>10</sup> The numbers given to the articles in this annex are those of the draft as revised by the Sub-Committee on the Mecca Pilgrimage (see page 271). The numbers appearing in square brackets in the headings are those of the final text (see page 360).

“the relevant period of incubation” (as in the case of other diseases).

*Decision:* On a vote being taken the United Kingdom proposal was adopted.

Replying to a request for clarification by Dr. JAFAR (Pakistan), Dr. ROUMY (Saudi Arabia) said that a pilgrim must either be vaccinated, or isolated until the expiry of the relevant period of incubation. Otherwise he would not be allowed to perform his pilgrimage and could return to his own country.

*Decision:* The proposal of the delegate of India was adopted.

## **Article 2 [A 2]**

The article was adopted without comment.

## **Article 3 [A 3]**

Dr. DUJARRIC DE LA RIVIÈRE said that, in the French text, the words “en droiture” should read “directement”.

A discussion took place, initiated by Dr. DAENGSVANG (Thailand), on whether or not the article had already been deleted by the Sub-Committee on the Mecca Pilgrimage.

Dr. JAFAR argued that the decision taken was for deletion subject to reopening of the discussion, if necessary. As the discussion had not been reopened, in his opinion, the Drafting Sub-Committee had no authority to retain the article. He then formally proposed its deletion.

Dr. RAJA supported the above proposal, particularly since the terms of paragraph 2 of Article 1 covered the provision of paragraph 1 of Article 3.

*Decision:* The proposal to delete Article 3 was rejected by 6 votes to 6.

## **Article 4 [A 4]**

Mr. KHANACHET (Saudi Arabia) proposed that the article should be completed by a sentence to the effect that the health administration of Saudi Arabia would decide the sanitary measures to be applied to pilgrims on arrival in its territory.

Dr. MACLEAN (New Zealand) said that, if the principle of the Saudi Arabian amendment were accepted, the article should be deleted, since its object was to allow pilgrim ships which had passed through the Suez Canal to disembark their passengers without undergoing the quarantine procedure required of other ships.

Dr. RAJA thought the article should be retained since the Kamaran station was to be discontinued. If the Saudi Arabian proposal were adopted, it would be necessary also expressly to lay down that the main principles of the Regulations could not be violated by any additional measures, otherwise the amendment might give the Saudi Arabian authorities latitude to take measures (such as stool examinations) in excess of the provisions in the Regulations.

Mr. KHANACHET explained that Saudi Arabia had no intention of exceeding the measures prescribed either in the main body or in the Annexes to the Regulations. He only wished the text to make it clear that Saudi Arabia had the right of imposing on pilgrims any sanitary measures considered essential.

Dr. JAFAR thought that the article as drafted gave Saudi Arabia absolute authority to decide on additional sanitary measures should the need arise.

M. MASPÉTIOL (France) thought the amendment served no useful purpose. On the contrary, its very inclusion might imply some doubt as to the right of Saudi Arabia to take certain sanitary measures under the provisions of the Regulations and its Annex.

Dr. EL-HALAWANI (Egypt) supported the proposed amendment. As to stool examinations, the matter should be considered from the point of view of cholera and the danger of spreading that disease in the Hedjaz.

M. MASPÉTIOL said that, if Article 21 applied to the Regulations as a whole, including the Annexes, the amendment proposed by the delegate of Saudi Arabia would add nothing and have no practical effect. It might be well for the Juridical Sub-Committee to consider the relation between Article 21 and the Annexes to the Regulations.

Mr. HASELGROVE said that the matter was perfectly clear from the wording of Article 96: “In addition to these Regulations, Annexes A and B hereto shall apply to the Pilgrimage”.

The CHAIRMAN proposed that, if the question were referred to the Juridical Sub-Committee, it should be informed that the committee endorsed the view of the Sub-Committee on the Mecca Pilgrimage that all regulations were applicable to the Pilgrimage, the Annexes A and B providing for additional measures.

*Decision:* The proposal to request the Juridical Sub-Committee for the interpretation of Articles 21

and 96 in relation to the pilgrimage clauses was approved. It was further agreed that an amendment on the lines proposed by Saudi Arabia should be discussed later if considered in order by the Juridical Sub-Committee. (For continuation of discussion see below.)

#### Article 5 [A 5]

Dr. DUJARRIC DE LA RIVIÈRE, seconded by Dr. LENTJES (Netherlands), proposed that the word "either" should be inserted before "at El Tor", in order to make the text perfectly clear.

Mr. KHANACHET proposed the deletion of Article 5.

Dr. JAFAR supported the proposal in view of the provisions of paragraph 3 of Article 11 concerning air traffic, which enabled countries to take sanitary measures without indicating any special station in that connexion.

Mr. KHANACHET explained that his proposal was for replacement of Article 5 by wording similar to the terms of paragraph 3 of Article 11.

The CHAIRMAN reminded the meeting of the decision, taken by the Sub-Committee on the Mecca Pilgrimage at its third meeting, to retain Article 5.

Dr. RAJA thought that it had later been decided to delete the last phrase referring to the Egyptian Quarantine Regulations.

#### *Decisions:*

- (1) The proposal to delete Article 5 was rejected by 9 votes to 5.
- (2) A proposal to delete the last phrase was rejected by 7 votes to 7.

#### Articles 6 [A 6] and 7 [A 7]

*Decision:* These articles were adopted without comment.

#### Article 8 [A 8]

The CHAIRMAN, in reply to a question by the delegate of Egypt, explained that it had been considered that the provisions of Article 11 made it unnecessary to refer to travel by air in Article 8.

*Decision:* Article 8 was adopted.

#### Article 4 [A 4] (continuation from page 142)

Dr. EL-HALAWANI proposed that the original text of that article, with its provision that pilgrim ships going to the Hedjaz from the south should stop at the sanitary station at Kamaran, be restored.

Dr. RAJA recalled that the question had been discussed at great length in the Sub-Committee on the Mecca Pilgrimage. Kamaran had been retained as a sanitary station by virtue of an agreement concluded between the United Kingdom (when India and Pakistan were not yet independent) and the Netherlands (when Indonesia was still a Netherlands dependency). India, Indonesia and Pakistan had since agreed no longer to send their pilgrim ships to Kamaran and had expressed the view that it was for the Government of Saudi Arabia to take the necessary quarantine measures. The latter had accepted that responsibility. Hence, since the three countries in question would no longer contribute to the expense of maintaining a sanitary station at Kamaran and since their ships would not call there, there seemed little point in the Egyptian proposal.

After some discussion, the CHAIRMAN, in reply to a question by the delegate of Egypt, said that the Expert Committee on International Epidemiology and Quarantine had been in favour of retaining Kamaran as a sanitary station.

*Decision:* The Egyptian proposal was rejected by 5 votes to 1.

#### Article 9 [A 9]

Dr. PADUA (Philippines) was under the impression that the Sub-Committee on the Mecca Pilgrimage had agreed to transfer the reference to smallpox from paragraph 1 (b) to paragraph 1 (a). That change had not been made in the text before the committee. It would also be necessary to insert the words "and in the case of smallpox for a period of not more than 14 days" in the last line of paragraph 1 (a) before the words "after the last case has occurred".

*Decision:* Article 9 was remitted to the Drafting Sub-Committee for the amendment suggested by Dr. Padua.

#### Article 10 [A 10]

*Decision:* The article was adopted without comment.

**Article 11 [A 11]**

Dr. LENTJES thought that the words "by air" should be inserted after the word "Hedjaz" in paragraph 1 of Article 11.

*Decision:* Article 11 was remitted to the Drafting Sub-Committee.

**Articles 12 [A 12] and 13 [A 13]**

*Decision:* The articles were adopted without comment.

**Article 14 [A 14]**

Mr. KHANACHET, insisting that the health authorities of his country should alone be considered competent to supply information to WHO concerning sanitary conditions in its territory during the pilgrimage season, proposed the deletion, from the second sentence of Article 14, of the words "which shall take into account the data furnished and the notifications made to that administration by the medical missions accompanying the pilgrims".

*Decisions:*

- (1) The proposal was rejected by 7 votes to 2.
- (2) Article 14 was adopted.

**Article 15 [A 15]**

*Decision:* The article was adopted without comment.

**Annex B <sup>11</sup>****Article 1 [B 1]**

*Decision:* The article was adopted without comment.

**Article 2 [B 2]**

Mr. HASELGROVE thought that the word "equally" in paragraph 4 was too precise and should be deleted. He also recalled that it had been left to his delegation and that of the Netherlands to suggest a satisfactory wording for paragraph 5. After consultation with experts they had decided that the words "of which the deck is above the water-line" should be inserted after the words "upper between-decks" in the last line.

*Decision:* Article 2 was remitted to the Drafting Sub-Committee for incorporation of the suggestion by the delegates of the Netherlands and United Kingdom.

**Articles 3 [B 3] and 4 [B 4]**

*Decision:* The articles were adopted without comment.

<sup>11</sup> The numbers given to the articles in this annex are those of the draft as revised by the Sub-Committee on the Mecca Pilgrimage (p. 273). The numbers appearing in square brackets in the headings are those of the final text (see p. 362).

**Article 5 [B 5]**

The CHAIRMAN, in reply to a question put by the Indonesian delegation, said that, in modifying Article 5, the Sub-Committee on the Mecca Pilgrimage had considered that the word "separate" in paragraph 2 covered adequately the notion of isolation. However, there would presumably be no objection to replacing "separate accommodation" by "isolation accommodation".

To meet a point raised by the delegate of the Philippines, he suggested that the words "and drinking-water taps" be inserted after the word "latrines" in paragraph 3.

*Decision:* The suggestions were adopted and Article 5 was remitted to the Drafting Sub-Committee.

**Article 6 [B 6]**

Dr. DUJARRIC DE LA RIVIÈRE thought the term "autres objets" in the French text of paragraph 1 too vague. If it was customary to undertake small surgical operations on board pilgrim ships, then some such phrase as "instrumentation nécessaire pour le traitement des malades" should be employed.

He also considered that the term "substance immunisante" in paragraph 2 should be replaced by "vaccin". On the Chairman's expressing the view that "immunizing substance" in the English text was intended to include sera, he said that in the French text the word "médicaments" in the first paragraph would cover sera.

The CHAIRMAN suggested that the English text of paragraph 2 should be retained and that Dr. Gaud should be asked to improve the French text. In the English text of paragraph 1 "appliances" might replace "articles". Replying to a question by the delegate of New Zealand, he explained that only two kinds of vaccine were mentioned, since yellow-fever vaccination could be carried out only at approved centres.

*Decision:* Article 6 was remitted to the Drafting Sub-Committee.

**Article 7 [B 7]**

Dr. RAJA thought that to ensure absolute clarity the word "medical" should be inserted before the word "practitioners" in paragraph 2 and before the word "practitioner" in paragraph 3.

Dr. DUJARRIC DE LA RIVIÈRE thought that the words "with experience of maritime health conditions", employed in sub-paragraph (a) of Article 13, should be inserted after the words "medical practitioner" in the first paragraph of Article 7.

The CHAIRMAN said that the term "a properly qualified and registered medical practitioner" used in Article 13 (a) should also be used in Article 7. "A properly qualified medical practitioner" was not sufficient.

*Decision:* Article 7 was remitted to the Drafting Sub-Committee.

#### **Article 8 [B 8]**

Mr. HASELGROVE thought that the text of Article 8 before the committee was not in accordance with the decision of the Sub-Committee on the Mecca Pilgrimage, reached in the light of an explanation by Mr. Hostie at the fourth meeting (see page 262).

Dr. RAJA recalled that the sub-committee had decided that a State might submit its own ships embarking pilgrims in its ports to requirements in excess of those prescribed in Articles 2, 3, 4, 5, 6, and 7, but might not do so to the ships of other States.

M. MASPÉTIOL thought that since the provisions of Article 8 were closely related to those of Article 21 and 96 of the draft Regulations, the matter might be referred to the Juridical Sub-Committee, in line with the similar procedure adopted with regard to Article 4 of Annex A.

*Decision:* The suggestion of the delegate of France was adopted.

#### **Article 9 [B 9]**

*Decision:* The article was adopted without comment.

#### **Article 10 [B 10]**

Mr. HASELGROVE recalled that the Sub-Committee on the Mecca Pilgrimage had decided, at its fifth meeting, that every pilgrim should be required to be in possession of a return ticket (see page 264). No such provision appeared in the text before the committee. The Drafting Sub-Committee might rectify the omission by adopting wording similar to the corresponding article in the International Sanitary Convention, 1926.

*Decision:* Article 10 was remitted to the Drafting Sub-Committee.

#### **Articles 11 [B 11] and 12 [B 12]**

*Decision:* The articles were adopted without comment.

#### **Article 13 [B 13]**

Mr. STOWMAN (United States of America) recalled that it had been decided at the fifth meeting of the sub-committee that "condenser" in sub-paragraph (h) should be replaced by "distilling apparatus".

*Decision:* Article 13 was remitted to the Drafting Sub-Committee.

#### **Articles 14 [B 14], 15 [B 15], 16 [B 16], 17 [B 17] and 18 [B 18]**

*Decision:* The articles were adopted without comment.

#### **Article 19 [B 19]**

The CHAIRMAN, in reply to an observation made by the delegate of France, said that the distilling apparatus was to be used only if necessary to ensure the daily supply of five litres of drinking water for each pilgrim.

*Decision:* Article 19 was adopted.

#### **Articles 20 [B 20], 21 [B 21] and 22 [B 22]**

*Decision:* The articles were adopted without comment.

#### **Article 23 [B 23]**

The CHAIRMAN said that the words "from which" after "place" in paragraph 1 should be replaced by "whence".

*Decision:* Article 23 was remitted to the Drafting Sub-Committee.

#### **Articles 24 and 25 [B 24]**

*Decision:* The articles were adopted without comment.

#### **Article 26 [B 25]**

Dr. LENTJES pointed out that as the word "welfare" had been deleted from the title of Annex B it should also be deleted from Article 26.

*Decision:* Article 26 was remitted to the Drafting Sub-Committee.

#### **Article 27 [B 26]**

*Decisions:*

- (1) Article 27 was adopted without comment.
- (2) The report was remitted to the Drafting Sub-Committee.

*The meeting rose at 11.55 a.m.*

## TWENTY-SECOND MEETING

*Wednesday, 25 April 1951, at 2 p.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

### 1. Consideration of the Report of the Working Party on the Proposal of the Delegation of the United States to establish an International Sanitary Council and the Proposal of the Delegation of France to establish a Judicial Body

In the unavoidable absence of Professor Canaperia (Italy), Chairman of the working party, the CHAIRMAN asked Mr. Stowman (United States of America) to present the report (reproduced on page 281).

Mr. STOWMAN said that the Special Committee's work in connexion with the Regulations was extremely important and might eventually be a milestone in the history of international quarantine. The proposal now before the committee would, he thought, provide the best possible means of ensuring flexibility in the operation of the Regulations.

He suggested that the report be considered in three parts :

- (1) the proposed new Articles 11 (A) and 11 (B) ;
- (2) the amended Article 107—which could not be discussed until it had been examined by the Juridical Sub-Committee ; and
- (3) the draft resolution on the international sanitary commission to be submitted to the Fourth World Health Assembly.

With reference to new Article 11 (A), Mr. Stowman said that paragraph 1 would provide for an annual report which, whilst being easy to prepare, would contain data not obtainable through the normal channels ; paragraph 2 represented the first step in analysing the information thus received.

The proposal in paragraph 1 of the new Article 11 (B) to establish an international sanitary commission was the cornerstone of the whole structure. It was essential that it be established by the Regulations rather than in any other way. Paragraph 2 showed that the main purpose of the commission would be continuously to review the operation of the Regulations.

With regard to paragraph 3, the working party had felt that the composition should be established at the time when the commission was set up. Its internal regulations would be formulated by the Executive Board.

There had been a difference of opinion regarding the method of appointing the members, but the majority had favoured alternative 1, namely appointment by the Director-General, subject to approval by the Executive Board.

It had been considered necessary to make the stipulation that membership should not include more than one representative from any country or more than three from any continent. A number of additional members, which might be fewer than the seven suggested, could be appointed for a particular session but they would serve for that one session.

In recommending the report to the committee's special attention, Mr. Stowman said that if the working party had adhered too much to former conceptions—he referred here to the uncertainty about several questions, including that of whether the Regulations should be restricted to the six epidemic diseases, measures against which were only a small part of international public-health work—it was because hitherto the experience gained in the operation of international sanitary conventions had not been presented in an analytical form from which an annual review could be made.

The CHAIRMAN invited general comments on the report as a whole.

Mr. HASELGROVE (United Kingdom) expressed his delegation's regret at not being able to subscribe to the working party's report and paid tribute to the efforts of its Chairman to secure agreement.

He said that his delegation, being unable to agree on the object in view and the procedure proposed, had, with the agreement of the Chairman of the working party, expressed their dissension in a minority report (see page 284). They also submitted the

draft of a proposed alternative resolution (see page 285) representing their view of the kind of recommendation which the Special Committee should send to the Fourth World Health Assembly.

The United Kingdom delegation were in agreement with the proposal in Article 11 (A), but did not agree with the principle expressed in Article 11 (B) that any body set up for the purpose of reviewing the Regulations should be set up under the Regulations themselves. It was felt to be a profound mistake to define in the Regulations, prior to their entry-into-force, the kind of body to be established for their review. It was a matter of constitutional importance and it should be for the Health Assembly, by resolution, to establish the necessary machinery. The Health Assembly could then modify its resolution from year to year should the body appointed be found in any way unsuitable to deal with the Regulations in the manner desired. The United Kingdom further considered that such a body would not be suitably constituted for dealing with disputes under Article 107.

Dr. MACLEAN (New Zealand) agreed with the delegation of the United Kingdom that a body such as that proposed was not suitable to carry out two such diverse functions. In the case of the medical members, for instance, the reviewing of the operation of the Regulations would need scientists, research workers, laboratory workers and those with experience of quarantine procedure and administration. The value of including laboratory workers who were experts on particular diseases was shown by the clear way in which the provisions regarding vaccination had now been drafted.

In settling disputes concerning quarantine administration procedures, in which personal factors played such a large part, the most useful service could be given by men with experience of such administration.

Regarding the legal members of the committee, whilst those accustomed to drafting regulations would play an important part, the settlement of disputes called for men who were used to weighing evidence and giving a judicial opinion. He did not see how the same men could give equally good service in both respects. The services of the legal experts of WHO should continue to be used, as in the drafting of the Regulations.

The principle of flexibility must be taken into account. The nature of disputes would vary considerably, according to the disease and to the conditions of the country. Flexibility would be lost if one body were set up to carry out two functions.

Economy was also important : the Organization's funds were limited and, if used for the purpose proposed, would not be available for other important health needs.

He could agree with the provisions of Article 11 (A). He could also agree with the setting up of some body similar to that which had prepared the draft Regulations, with perhaps a more permanent character. He could not agree that such a body would be proper to deal with the settlement of disputes. Reminding the committee that the Director-General had stated in his memorandum on Article 107 (reproduced on page 152) that the majority of the disputes which had occurred during 1949 and 1950 had been settled by the Director-General, he said that those which could not be so settled should be discussed by a small body set up specially for the purpose.

Dr. RAJA (India) believed there was considerable force in the arguments put forward by the United Kingdom delegation.

Regarding the settlement of disputes, the existing machinery should be tried before an attempt was made to set up any other, especially in view of the Director-General's memorandum, to which the delegate of New Zealand had called attention. All the functions connected with the operation of the Sanitary Conventions in the past had been performed by the Office International d'Hygiène Publique, before being taken over by WHO. It would therefore seem essential that the machinery of the Organization should be closely associated with the operation of the new Regulations.

Another matter was relevant to the present discussion. The Second World Health Assembly, in approving (in resolution WHA2.15) the report of the Expert Committee on International Epidemiology and Quarantine on its first session, had also accepted Annex I to the report,<sup>12</sup> which contained the following paragraph 1.4.2:

Cases of violation of the regulations, if not settled through ordinary channels, might be brought formally to the attention of the World Health Assembly.

Presumably, therefore, the Second World Health Assembly had considered that questions regarding violations of the Regulations should formally be brought to the notice of the Health Assembly.

In dealing with disputes concerning quarantine matters, the best available scientific opinions, supplemented by advice from the Organization's

<sup>12</sup> *Off. Rec. World Hlth Org.* 19, 12

legal experts, should be placed before the Health Assembly, where every Member State would be represented. Whilst that might appear to be a slow process, it was the only way, in his opinion, of ensuring the enforcement of the decisions reached. So far as he knew there was no machinery in existence for enforcing a decision of the International Court of Justice.

In view of resolution WHA2.15 the Special Committee was not required, in the first instance, to examine the machinery to be created for the investigation of disputes.

In conclusion, Dr. Raja said it would be a great mistake to maintain the idea—as did both the majority and minority reports—that disputes should go straight to the International Court of Justice: that would mean a long legal process, to which WHO would be committed as a party to it, and an appreciable part of its funds might thus be wasted.

Dr. VAN DEN BERG (Netherlands) emphasized that the report of the working party represented a compromise: it had succeeded, with one member dissenting, in combining the two original proposals. He thought that the committee should endeavour to eliminate differences of detail and accept the report without alterations.

As there appeared to be general agreement that there were two functions for which special bodies must be established—the supervision of the operation of the Regulations and settlement of disputes—the first question to be decided was whether there should be one or two bodies. In his opinion, the two functions should be combined in one body, not only for reasons of economy—although that was important—but because there was a close connexion between the two functions.

In conversations with individual delegates during the past week, he had found there was still a feeling that administration and jurisdiction should not be in the same hands. In the particular instance under consideration, he thought that it was not so much jurisdiction as mediation and conciliation—which belonged to administration—that were involved, and that it would therefore be a mistake to separate the two functions. The committee must consider carefully the question of settling disputes, because—as the delegate of the United States had said—a new period in the history of international co-operation was starting. Although all were not completely satisfied with them, the new Regulations might nevertheless mark the beginning of future relationships which would ensure the maximum

safety for public health with the least difficulties for international traffic. But, in order to get such a future development, they must have the co-operation now of all interested parties.

For the small number of cases where the Director-General might not be able to settle a legal dispute, there should be an independent body, including in its composition not only experts concerned with public health but also with shipping and aviation. Then, for the extremely small number of disputes of a special legal character—such as border disputes—it would be wise to provide for appeal to the International Court of Justice.

Dr. MA'MOEN (Indonesia) said his delegation did not consider the establishment of the proposed international sanitary commission strictly necessary, first, because the task of studying the operation of the Regulations and making recommendations to the Health Assembly could be carried out by the Expert Committee on International Epidemiology and Quarantine, or one of the expert panels, and, secondly, because experience had shown that disputes could be settled quite satisfactorily by the procedure at present in use, described in the Director-General's memorandum (see page 152).

He asked why the introduction of new Regulations should imply the need for a completely new juridical committee. The recently adopted policy of having expert panels should suffice to help the Director-General to settle all questions requiring expert knowledge.

His delegation had always felt reluctant about the establishment of new bodies, resulting in an increase in the administrative staff, more questionnaires and correspondence for Member States, and, of course, additional expenditure, and it was completely in agreement with the views expressed by the United Kingdom delegation in its minority report. He thought it unlikely that a body such as the one proposed would be able to settle the few disputes which could not be settled by the existing machinery of the Organization.

Dr. SOKHEY, Assistant Director-General, Department of Central Technical Services, said the Director-General was in complete agreement that there were two functions to be performed. The first was the constant review of the Regulations and their adjustment in the light of new knowledge. The view had been expressed that more should be done, that the review should cover the suitability of vaccines and their preparation, particularly plague vaccine and



smallpox vaccine in a dried form. WHO had always had those objectives in mind. The second function was settlement of disputes.

The question was how could those two functions best be performed. He recalled that the Office International d'Hygiène Publique had dealt with the matter until 12 months previously when the functions of the Office had been transferred to WHO. He could assure the committee that the mechanism existing during the past 40 years had allowed of constant review of the International Sanitary Conventions, which had frequently been changed and expanded. Since the transfer of functions, the first task of WHO had been to combine the provisions of the conventions into a set of regulations. That task had been carried out by the Expert Committee on International Epidemiology and Quarantine which had at the same time dealt with the settlement of disputes. As the Special Committee was aware, both tasks had been very satisfactorily carried out. The function of settlement of disputes was the less important of the two because little difficulty had been encountered and it was not to be expected that many disputes would arise in the future. The Director-General had been able to resolve the greater number of the disputes and the rest had been successfully settled by the expert committee.

Explaining the existing mechanism, Dr. Sokhey said the Expert Committee on International Epidemiology and Quarantine functioned in accordance with the excellent rules of procedure that the World Health Assembly had devised for the carrying-out of the work of the Organization. Under existing arrangements panels of experts from all over the world could be constituted and organized in such a way as to keep any subject under constant review. When any point required special attention persons especially competent on that particular subject were selected from the panels. That procedure ensured flexibility. The Special Committee would appreciate the very satisfactory procedure under which any new piece of knowledge was first considered by a group of experts and then by the Expert Committee on International Epidemiology and Quarantine. The panels could consist of any number of persons competent and interested in assisting the work of the Organization and all members of the panels were free to communicate with the Director-General at any time so that they could maintain constant contact with WHO, bringing to its attention matters that required special consideration and giving the Organization guidance. Moreover WHO was free to use the laboratories and organi-

zations of the Member States. The same method could be followed in the case of disputes, when the persons most likely to be helpful in their settlement could be selected.

Thus machinery already existed which had been carrying out the two functions very satisfactorily. On behalf of the Director-General he asked that a new body should not be created unless the committee were convinced that the existing machinery was inadequate. In the latter case, he asked that a decision should be postponed until there had been time to see how the existing machinery functioned in respect to the new regulations, and that a new rigid body with a long tenure of office, constituted in a manner that differed from the usual WHO procedure, should not be created at the present stage.

Turning to the two proposals before the committee, Dr. Sokhey said the main difference between them was that the United Kingdom proposed that the existing procedures should be used to the best advantage. An expert committee would in any case be required to deal with scientific questions, but in considering the creation of a body to settle disputes, which might meet only at long intervals, the matter of expense should be borne in mind. The Director-General urged the committee not to make proposals that would involve additional expense unless it was absolutely necessary.

The recommendation concerning the International Court of Justice appeared to be sound from a theoretical point of view and for the sake of completeness, but the Organization was more interested in solving the difficulties with which it was faced than with trying to attain perfection. As the delegate of India had pointed out, WHO had no means of imposing sanctions following a judgement of the Court. He thought the better way would be for the committee to influence public opinion by presenting resolutions to the Health Assembly to ensure that legislation was adopted for the protection of the public health of all countries. He suggested that in the case of disputes an ad hoc committee might be set up, including experts on quarantine regulations and representatives of the parties to the dispute. Such a procedure would be more in keeping with the present structure of the Organization than a purely legal procedure which would involve the States and WHO in additional expense. In that connexion he recalled that the Second World Health Assembly had suggested to the Expert Committee on International Epidemiology and Quarantine that disputes

that could not be resolved by ordinary means should be brought to the Health Assembly.

Finally, he suggested that the purposes of the Special Committee would be served by inserting a reference to the World Health Assembly in the appropriate place and passing a resolution such as that suggested by the United Kingdom delegation, drawing the attention of the Health Assembly to the work it desired to have done and suggesting that the Health Assembly should create suitable bodies under the present organization and procedures. If the committee did not follow that procedure it would be indicating that the existing machinery was not functioning satisfactorily.

Dr. JAFAR (Pakistan) recalled that the decision to transfer the functions of the Office International d'Hygiène Publique to WHO, to avoid duplication of functions between two international bodies, had been taken barely a year ago. The committee was now considering transferring those functions to a new body. Was the committee to believe that WHO had not even been able to make a good beginning of the work?

Referring to the settlement of disputes, he said the experience of his country had been that WHO had played a very important role. The Expert Committee on International Epidemiology and Quarantine had listened to views of the countries concerned and reached decisions which, to a great extent, had been accepted. To adopt the proposal of the working party would mean that the committee was dissatisfied with the WHO machinery and that the section of the Organization at present carrying on those functions should be liquidated. It would moreover be contrary to the decision of the Second World Health Assembly that disputes which could not be settled by the Director-General should be brought before the Health Assembly.

With regard to the functions proposed for the international sanitary commission, it was obvious that WHO had begun the work in a very satisfactory manner. The Organization had experts at its disposal and a competent secretariat. He therefore felt that it was unnecessary to set up a new body.

During the discussions it had been stressed that the International Sanitary Regulations were provisional in that they played only a subsidiary part in preventing the spread of diseases from one country to another, and that controls were only necessary as long as the public-health conditions of some countries had not reached a certain level. On the one hand, all countries were trying to improve their public health so that the spread of diseases and, in

consequence, the likelihood of disputes, would gradually diminish. On the other hand, it was proposed to set up machinery of a new and more stringent kind, providing even for judicial proceedings. A very important point had been raised by Dr. van den Berg at the second meeting (see page 38) when he had questioned whether WHO was competent to compile such Regulations and whether when completed they would be accepted by Member States. While that doubt still persisted in his mind, the committee was discussing setting up an international sanitary commission and bringing disputes to the International Court of Justice. If the commission had been defied, who would implement the decisions of the Court? That had to be done through moral force and he felt that more importance should be attached to the Organization that the States had created and to which they had given the highest technical position in the world.

In view of those considerations he suggested that Article 107 should be maintained as drafted with the addition, in the spaces left blank, of the name of the expert body of WHO.

Dr. RAJA put forward an amendment to new Article 11(B), providing for the periodic review of the Regulations and the settlement of disputes to be undertaken by the appropriate expert committee, with assistance from the expert panels and such legal advice as might be required.

At the suggestion of Mr. STOWMAN, the CHAIRMAN ruled that consideration of the proposal of the delegate for India be deferred until after the general discussion (see minutes of the twenty-third meeting, page 155).

Mr. STOWMAN noted that there was general agreement, also on the part of the Secretariat, on the first proposal of the working party that there should be an annual review of the Regulations. On the other hand there appeared to be considerable misapprehension as to the intentions of the other proposal. First, it seemed perfectly obvious that there was no question of transferring matters concerning the application of the Regulations to any body outside the Organization. The working party had suggested an international sanitary commission of WHO, appointed by the Director-General and completely integrated into the general structure of the Organization. The working party had had in mind a body that was not an ordinary expert committee because it felt that the work to be undertaken

differed from that carried out up to the present by the Expert Committee on International Epidemiology and Quarantine. The principal task of the expert committee during the last three years had been the preparation of the Sanitary Regulations. That task was now completed and it had been felt that when the Regulations were in force a body would be needed, inside WHO, but with a more permanent structure and with more standing than an ordinary expert committee which was only convened when the Director-General thought it desirable and when finances permitted. Moreover it had been felt that the composition of the proposed commission should differ from that of a normal expert committee because more questions of an administrative nature would arise.

Secondly, with regard to expenditure, he felt that if the commission was a small one, as suggested by the working party, it should cost no more than the meetings of an expert committee.

Thirdly, the working party hoped that the Director-General could continue to settle a very large proportion of the disputes. Although the settlement of disputes might thus represent a rather small part of the commission's work, that part might be important. Moreover, as the delegate for the Netherlands had pointed out, the settlement of disputes was related to the general functioning of the Regulations because disputes occurred in places where the Regulations had not been working well.

Fourthly, flexibility had been provided for. The proposal was that there should be a nucleus in the international sanitary commission, appointed for a certain term of years, and that the Director-General could call upon additional persons for any meeting held to review the Regulations. For a meeting on legal matters, he could add a number of legal experts. The experts could be drawn from a panel if considered desirable. It had been thought necessary to have a stable nucleus because in legal cases it was not a sound principle to select the new judges on each occasion.

Fifthly, although he had no objection to a reference being made to the Health Assembly, the international sanitary commission would report to the Health Assembly each year so that unsettled cases would automatically be brought before the Health Assembly, which would be entirely free to decide whether it wished to pronounce itself on those cases.

He hoped he had made it clear that while the working party had no intention of depriving the Organization of any activity it had been carrying on heretofore, it had felt that the new body proposed could do much to strengthen the hands of the Director-General and he failed to see why difficulties

should arise and why there should be any particular opposition to the proposal on his part. He felt that world public-health opinion would even be pacified by the creation of such a body by the Organization. The committee had been legislating on measures to be applied to international traffic in respect of six diseases which constituted only a very small part of the whole problem of world health, and all except one of which were on the wane. The committee could say that it had no data to show that anything else was necessary, but it was now setting up the best machinery it could devise to deal with such matters in the future.

Dr. MA'MOEN said his delegation was opposed to the creation of a new body because it considered that the function of reviewing the Regulations could be undertaken by the existing expert committees of WHO and because the Special Committee should not lay too much stress on the possibility of disputes. It was meeting with the object of creating a spirit of international goodwill and co-operation and the Indonesian delegation believed that it should be possible to settle health problems without setting up a special body to deal with disputes.

Dr. BRAVO (Chile) said the responsibility of WHO to ensure that world public-health conditions were satisfactory obliged it constantly to appraise the practical results of its work. His delegation felt that that was the most important function of the proposed permanent commission and that the review should be carried out annually. The importance attached by the various countries to the question of public health was demonstrated by the very fact that the Special Committee had been meeting for three weeks to set up certain regulations and that the members were binding their countries to comply with certain minimum standards for the protection of public health. All the facts relating to public health which had been mentioned during the discussions showed that there was a constant state of evolution; the Regulations drawn up today might have become obsolete in six months' time. For that reason it was necessary that a committee of public-health experts should carry out the function of constant revision of the Regulations and ensure their application in the various countries. It had been suggested that certain financial and administrative factors might hinder the creation of such a body. He did not think that the cost of the proposed commission would represent a large item in the budget of WHO since it would not be an independent body but would form part of the administrative machinery of the Organization.

Finally he considered that the juridical powers of the commission for the settling of disputes were also very important because such problems which affected public health should also be settled by technical experts. It would not always be possible to bring such questions before the International Court of Justice because, however competent its members might be in matters of international law, they were not experts in problems of international health. On the other hand, he did not consider that the procedure of bringing such disputes to the Health Assembly would be very effective. It would be preferable that they should be first examined by a small group of experts who would submit a proposal to the Health Assembly.

In view of those considerations he supported the proposal to set up an international sanitary commission.

Dr. SOKHEY, while agreeing with previous speakers regarding the nature of the work that would have to be carried out as a result of the coming-into-force of the Regulations, said that his intention had been to explain that, in the opinion of the Director-General, the best way to carry out that work was by using the existing machinery. He had described the existing machinery so that the committee could take its decision in full knowledge of the position. The Director-General's suggestion was an addition under Article 11 (A) and the passing of a resolution, as suggested by the delegate of the United Kingdom, indicating the wishes of the committee regarding any body that might be appointed. The body could have any composition and be suitable for dealing with the items on its agenda.

Dr. VAN DEN BERG thought the statement that the adoption of the working party's proposal would involve the transfer to another body of the functions transferred from the Office International d'Hygiène Publique to WHO, was due to a misunderstanding. Whether the functions were performed by the Director-General, the Expert Committee on International Epidemiology and Quarantine, by a special committee or by an international sanitary commission, they would still be performed by WHO.

The provision that disputes should be brought to the Health Assembly had been wrongly included in the principles of the Regulations because it was not a principle. There was, however, nothing to prevent the committee from proposing that the Fourth World Health Assembly change that decision.

He considered it encouraging that there was agreement in both the majority and minority reports on the very important point that there should be a

special body to deal with the review of the Regulations. Some members did not agree either with the report of the working party or with the United Kingdom proposal and suggested that if a new body were created in addition to the Expert Committee on International Epidemiology and Quarantine it would be tantamount to declaring that up to now the work had not been carried out in a satisfactory manner. He recalled that in the preparation of the Regulations the expert committee had called on the help of outside legal experts and any body set up to study the permanent working of the Regulations should include, from the beginning, some persons with legal qualifications. He was not criticizing the work of the expert committee nor of its Legal Subcommittee but he thought that the work could have been carried out somewhat more quickly and more satisfactorily if there had been constant co-operation throughout between those two committees, and if the expert committee had included not only legal experts but also experts on shipping and aviation.

*The meeting rose at 5 p.m.*

## Appendix

[A3-4/SR/12]  
10 April 1951

### ARTICLE 107 OF THE DRAFT INTERNATIONAL SANITARY REGULATIONS

#### Memorandum by the Director-General

It is proposed that the words "the competent body of the World Health Organization" be added to paragraphs 1, 2 and 3 of Article 107 to define the body to which questions or disputes arising out of the interpretation or application of the Regulations may be referred.

Since 1949 the established procedure for dealing with such questions and disputes arising out of the interpretation or application of the International Sanitary Conventions has been that laid down in *Official Records* No. 19, page 6, namely :

- (1) by the Secretariat acting on its own initiative ;
- (2) by correspondence between the Secretariat and the members of the Section on Quarantine of the Expert Committee on International Epidemiology and Quarantine ;
- (3) by the Section on Quarantine in session, at which the disputants are invited to be present to state their case ;
- (4) by the Expert Committee on International Epidemiology and Quarantine in plenary session, attended by the disputants so that the respective sides of the problem can be represented.

The following statement on complaints and disputes which, during the years 1949 and 1950, have been dealt with in accordance with this procedure, demonstrates the success thereby achieved.

During 1949 and 1950 there were : 66 inquiries referred to WHO Headquarters—appropriately answered by the Secretariat ; and 48 disputes—of which 45 were settled by the Secretariat acting on its own initiative. One arising in 1950 is still in course of settlement. Two were referred by the Secretariat to the Section on Quarantine of the Expert Committee on International Epidemiology and Quarantine—one at the request of the government lodging the complaint, the other having proved beyond the competence of the Secretariat to settle.

This factual statement does not include a record of the many questions referred to headquarters by the Epidemiological Information Stations at Alexandria, Singapore and Washington, or of disputes settled by these stations, independently or on advice from headquarters.

Despite the success previously achieved by the procedure

in force, it is felt that an improvement in the system will be effected by employing for the purpose of settling those disputes which have proved incapable of solution by the Secretariat alone the now adopted policy regarding expert advisory panels. This would provide the essential degree of flexibility in the composition of the WHO body to permit it to be in the nature of an expert committee comprising, in addition to experts on quarantine, other technical experts from WHO panels and legal experts selected according to the nature of the cases on the agenda of each particular session.

Any decision given by such a body would, by providing a constructive solution based on expert knowledge and opinion, prove probably more acceptable to disputants than a bald verdict of right or wrong according to legal opinion of the facts.

## TWENTY-THIRD MEETING

*Thursday, 26 April 1951, at 9.30 a.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

### 1. Credentials of the Delegate of Greece

*Decision:* The credentials of the delegate of Greece having been found in order, they were accepted by the committee.

### 2. Consideration of the Report of the Working Party on the Proposal of the Delegation of the United States to establish an International Sanitary Council and the Proposal of the Delegation of France to establish a Judicial Body (continuation from previous meeting)

Dr. BJØRNSSON (Norway) agreed with the statement made at the previous meeting by the delegate of Pakistan.

His Government supported the principle laid down in the Constitution of WHO making the Director-General responsible (with the guidance of the Executive Board and the various expert committees) for carrying out the programmes of the Organization and implementing Health Assembly decisions. The Director-General's own view, set out in his memorandum on Article 107 (see previous page), was that existing machinery was adequate for dealing with questions and disputes arising from the application of the Sanitary Regulations. His Government consi-

dered that the international sanitary commission which it was now proposed to set up would perform that function no better and certainly more expensively, and was therefore opposed to its establishment.

Dr. BELL (United States of America) wished to clarify some issues which had been clouded in the course of the discussion of the original United States proposal (see page 282) by a tendency shown by some delegations to exaggerate the importance of minor points.

The United States proposal had provided for a body, set up within the existing structure of the Organization, to perform the functions, generally admitted to be necessary, of keeping the Regulations alive by examining their practical application and reporting annually on changes needed. No special procedure was provided for either in the United States proposal or in that of the working party (see page 281) ; a body was to be set up which would differ from other WHO bodies only in that, since its functions would last as long as the Regulations, its establishment would be provided for in them.

Comparing the report of the working party with the minority report submitted by the United Kingdom delegation (see page 284), he noted that such differences

as existed were to the advantage of the former, which in the first place provided for a body consisting of seven members, not ten, and which was, therefore, despite statements to the contrary, more economical. At the same time, also despite statements to the contrary, it would be more flexible, since provision was made for additional members to be added at the discretion of the Director-General, and more effective, since provision was made for reports on the basis of which it could carry out its functions.

Finally, one minor issue which had been exaggerated in the discussion was the question of the settlement of disputes, or rather of mediation, as he preferred to call it, since there was no question of setting up a form of high court to pass judgements and fix fines. The majority report stipulated that the work of mediation should be carried out by the body responsible for examining the application of the Regulations, simply because disputes regarding that application would indicate the need for changes, which could be judged only by a body with first-hand knowledge. In any case, the issue was unimportant since most such disputes would be settled personally by the Director-General.

Professor ALIVISATOS (Greece) said that the draft Regulations, despite the care with which they had been prepared, had undergone considerable modifications during the present session mainly because the various delegations, however anxious to avoid unnecessary interference with international traffic, felt bound to take into account possible differences in the application of the Regulations, necessitated by differences in various factors such as geographical position. At the same time, as long as epidemiological knowledge remained incomplete, even the most liberally-inclined countries would remain somewhat apprehensive as to possible outbreaks of epidemics.

In addition, the widely differing significance of, for example, a case of cholera in different regions, and the different manner in which public opinion was formed and affected official decisions, explained why the Regulations must represent a compromise. Generally speaking, the delegates who had in general expressed the most radical and courageous views had been from countries where the unlikelihood of epidemic outbreaks made the necessity of applying measures beyond those allowed for in the Regulations equally unlikely. Hence in times of emergency the application of the Regulations would naturally differ from one country to another.

It was for those reasons that, seeing the necessity of setting up a body to minimize differences and to

approve or condemn action taken outside the provisions of the Regulations, he had submitted a proposal (in the form of an alternative text for Article 21).<sup>13</sup> His Government favoured the establishment of such a body; however, to avoid expense it should, so long as it could be provided with the necessary power to take action with sufficient promptness, be set up within the existing machinery of the Organization.

The articles proposed in the report of the working party were considered *seriatim*.

### **New Article 11 (A)**

Dr. GEAR (Union of South Africa) had listened with great approval, earlier in the session, to the remarks of the United States delegation regarding the need for WHO to build up a fund of sound epidemiological knowledge. He hoped that the committee might later submit to the Health Assembly a proposal recommending that the Director-General expand and make more efficient the machinery for collecting epidemiological knowledge not only with regard to the six diseases with which the Regulations were concerned but with regard to all diseases. Such a programme, by helping to put the six diseases in question in proper perspective, would incidentally show in the end that many of the regulations adopted were undesirable. If the United States delegation was proposing to submit such a resolution, he would certainly support it.

That being his general point of view, he could not see the purpose of the proposed new Article 11 (A), seeing that Articles 3, 4, 5, 6 and 7 already provided for the collection of the information required for the purposes of the Regulations. Furthermore, if it was desired that the general epidemiological information he had referred to be supplied fully and promptly, it was perhaps ill-advised to associate the request for it with a set of Regulations providing for penalties.

Finally, he did not understand the stress placed on epidemic disease due to international traffic. Outbreaks of that kind were extremely rare and to ask for information on them was almost to invite international recriminations. In view of their rarity, the information obtained would in any case be negligible.

Mr. STOWMAN (United States of America) did not consider that Articles 3 to 7 provided for the information required. Moreover, it was simply because, as the delegate of South Africa had said,

<sup>13</sup> Unpublished working document

governments might be less willing to supply information if it was associated with clauses providing for penalties, that the working party had decided to put the request for information on epidemic disease due to or carried by international traffic in a separate article and to provide for it to be supplied in an annual report to the Director-General.

With regard to the opening remarks of the delegate of South Africa, the United States delegation saw no need for a separate resolution to the Health Assembly since the proposed new article contained all its thought on the question.

Dr. GEAR hoped that the United States delegation might be prepared to extend the separation, the necessity for which it admitted, by formulating the request for information to be used for strictly epidemiological purposes in an instrument entirely separate from the Regulations. At the present stage, the only action that could be taken in that direction was to submit a resolution to the Health Assembly, and if necessary he would himself place such a resolution before the committee.

The CHAIRMAN, in answer to a question by the delegate of India, said that under Article 62 of the Constitution the Director-General already had power to ask for the information referred to in the proposed Article 11 (A), but only with the authorization of the Health Assembly. He suggested that a vote be taken on whether the information in question should in principle be supplied.

*Decision:* It was decided by 26 votes to 1 that the information should be supplied.

The CHAIRMAN asked for the views of the committee on whether the principle approved should be embodied in the proposed Article 11 (A) or in a separate resolution to the Health Assembly.

Dr. GEAR observed that the proposed Article 11 (A) provided for the supply both of general epidemiological information and of information concerning epidemic disease due to international traffic. There was naturally no objection to the latter provision being included in the Regulations, but he thought that that had already been done, particularly in Article 4.

Dr. BELL saw no reference to general epidemiological information in the proposed Article 11 (A), which seemed to him very specific.

With regard to the general remarks of the delegate of South Africa, if the Regulations were to live

there must be somebody to examine them constantly and recommend changes, and that function could not be carried out unless every case of epidemic disease due to international traffic were reported.

Mr. HASELGROVE (United Kingdom) said that in the matter at present under discussion there was no conflict between the majority and minority reports. The United Kingdom delegation had learnt in the working party that information supplied on the application of existing conventions had varied greatly in quantity and quality. It agreed that information of the kind provided for in the proposed Article 11 (A) should be supplied regularly to allow for review of the Regulations, and since it was considered that the necessary provision should be included among the Regulations he would support the inclusion of the paragraph in question.

On a point of drafting, he thought that the words "the Director-General, in accordance with Article 62 of the WHO Constitution" should be replaced by "the Organization".

#### *Decisions:*

- (1) Paragraph 1 of the new Article 11 (A) was adopted by 18 votes to 1.
- (2) The principle of paragraph 2 was approved unanimously.
- (3) Paragraph 2 was adopted by 24 votes to 1.

#### **New Article 11 (B)**

The CHAIRMAN noted that in the case of the proposed Article 11 (B) there was also a measure of agreement between the majority and minority reports, both recognizing the advantages of establishing an international sanitary council or some such body.

Dr. RAJA (India) put forward his proposal for the machinery to review the International Sanitary Regulations and to settle disputes arising from the Regulations. The proposal read:

- (a) The appropriate expert committee of the World Health Organization should, with the assistance of the Organization's expert panels and of the WHO Secretariat and with such legal assistance as may be required in individual cases, perform the functions of a periodic review of the Regulations and of settlement of disputes for which the majority opinion of the working party has suggested the establishment of an international sanitary commission.

(b) In view of paragraph (2) of resolution WHA2.15 of the Second World Health Assembly all disputes which are not resolved by the machinery proposed under (a) above shall be referred to the Health Assembly.

He felt that WHO, as a young organization, should not be too precipitate in the creation of new bodies ; moreover, in the present case haste was unnecessary. At the meeting of the Juridical Sub-Committee the previous day it had been decided that the period during which Member States should be allowed to submit reservations should be one year. Some delegations had thought the period should be longer, and in any case since it seemed to be the opinion that reservations would have to be accepted or rejected by the Health Assembly it would probably be three years before the Regulations came fully into effect.

One of the most important functions of the body which it was proposed to set up would be the collecting of epidemiological information, a function which could best be performed by the Organization's making the best use of existing expert committees and panels. Legal advice would admittedly also be needed, but the Organization could always arrange that.

For the above reasons, he was opposed to the creation of bodies of the kind recommended either in the majority or in the minority report. He also called particular attention to paragraph (b) of his proposal. In international disputes, where even the verdicts of international courts could not be implemented by force, everything depended on building a strong public opinion. The appropriate body in which to build such opinion was the Health Assembly.

Dr. VAN DEN BERG (Netherlands) had attended the same meeting of the Juridical Sub-Committee as the delegate of India, but had reached different conclusions with regard to the probable future complications in the matter of reservations. His own feeling was that the proposed body could perform a useful function in collecting the information necessary for deciding whether reservations were to be accepted or rejected. With regard to the provisions of paragraph 2 (b) of the proposed Article 11 (B), also, it would be all to the good if the new body could start its work as soon as possible.

Dr. BELL stressed once more, in reply to the delegate of India, that no new procedure was to be set up. The new body would be like the existing expert committees of WHO. It was proposed to give it a different name because it would have different functions ; it was to be a " living committee ", actively concerned with the working of the

Regulations, and its establishment should therefore be provided for in the Regulations.

In connexion with the remarks of the delegate of the Netherlands, there was no reason why separate provision should not be made for the sanitary commission to come into operation before the Regulations came into force.

Dr. JAFAR (Pakistan) had imagined that all WHO committees were " living ". He wished to know whether the delegate of the United States attached any special significance to his use of the word in the present connexion.

Mr. HASELGROVE said that on the point under discussion there was less common ground between the majority and minority reports than in some other respects. The United Kingdom delegation did not, for instance, consider that the body set up to review the Regulations should also have the function of settling disputes, nor did it feel that the establishment of that body should be provided for in the Regulations in preference to the normal practice whereby committees were set up by the Health Assembly. That practice was flexible and prevented overlapping of functions.

He agreed with the delegate of India that there was no urgent need to decide on the setting up of the reviewing body.

Dr. RAJA said that if, as the delegate of the Netherlands had suggested, the proposed body was to supply the information by which the acceptability of reservations was to be judged, a special provision to that effect would have to be inserted in the proposed Article 11 (B).

Dr. GEAR wished to know whether the working party, in preparing its report, had had before it the report of the Expert Committee on International Epidemiology and Quarantine on its third session, which reproduced the substance of two resolutions for consideration by the Fourth World Health Assembly, recommending the setting-up of two committees, one concerned with quarantine and one with epidemiology.<sup>14</sup>

<sup>14</sup> Unpublished report. In the passage referred to, the Expert Committee on International Epidemiology and Quarantine suggested that it should be split into two committees : (1) the Expert Committee on Quarantine, to be responsible for the administration, application and interpretation of the International Sanitary Regulations ; for the settlement, where necessary, of disputes referred to the Director-General, and for the preparation of additional regulations ; (2) the Expert Committee on Epidemiology, to make recommendations concerning research on and control of communicable diseases (other than tuberculosis, malaria and venereal diseases) and, if need be, to co-ordinate the work of expert groups working on specific communicable diseases.



Dr. BELL summarized the two points at issue : (1) whether or not an international sanitary council should be established and given a particular name to define its special functions. By the word "living", he had meant that its functions would be continuous. Existing expert committees might, through lack of funds or other reasons, become dormant, whereas the International Sanitary Regulations required constant and continued review ; (2) whether such a body should be established (a) by a provision in the Regulations ; or (b) by a specific resolution of the Health Assembly.

Dr. VAN DEN BERG said that no decision could be taken on the functions of any body established in connexion with the Regulations until a decision had been reached on the policy regarding reservations.

Dr. GEAR believed that the committee had a choice of four proposals : (1) the majority proposal of the working party ; (2) that contained in the minority report of the United Kingdom delegation ; (3) the proposal of the Director-General regarding Article 107 ; (4) the proposals of the Expert Committee on International Epidemiology and Quarantine. In his view the latter would achieve the object of the proposal of the United States delegation and deserved some consideration. Two sets of machinery were required, one to deal with the problems arising from the application of the International Sanitary Regulations and another with the epidemiological and scientific situation as revealed by the information collected under the provisions of the Regulations or from other sources. All were agreed that the attention of the Health Assembly should be drawn to the need for periodic review of the Regulations and for settlement of differences arising from their application. The divergence of opinion was on the means by which those objects should be achieved. Organizational and administrative problems were involved. It was important not to prejudge the conclusions of the Standing Committee on Administration and Finance set up by the Executive Board to report on the organizational structure and efficiency of WHO as a whole, including the operation of expert committees.

The views of his Government expressed in his instructions were as follows : While the South African Government fully supported the principle of the review of the Regulations and of procedure for the settlement of disputes, it required that wherever possible the existing machinery of the Organization should be used for the purpose. South

Africa was opposed to the establishment of any group which might lead to duplication or undermining of existing structures. Moreover the question of precedent should not be overlooked, since other regulations dealing with various subjects would be drawn up.

Therefore, although he entirely supported the principles of the majority report, he pleaded for careful examination before those principles were written into the Regulations.

Dr. BARRETT (United Kingdom) was not sure that the report of the Expert Committee on International Epidemiology and Quarantine had been taken into account by the working party, but he submitted that the Health Assembly and the Executive Board would certainly take the recommendation into consideration when the matter came before them.

Dr. VAN DEN BERG felt that the establishment of the proposed international sanitary body would in no way harm the efficiency of the Organization. He could not agree that a precedent would be created because the present Regulations differed from any which might follow.

Dr. MACLEAN (New Zealand) fully supported the United States proposal concerning the need to review the operation of the Regulations.

He also agreed with the delegation of the United Kingdom that the proposed body should be appointed by the Health Assembly under Article 18 of the Constitution of WHO on a semi-permanent basis and that it should not be established under the provisions of the Regulations.

He questioned the proposed title of "commission" as contrary to established usage.

Mr. STOWMAN, in reply to the delegate of South Africa, explained that the terms of reference of the working party had been to consider the United States proposal to establish an international sanitary council and the French proposal to establish a judicial body, although he agreed that it would have been useful to bear in mind the recommendations of the Expert Committee on International Epidemiology and Quarantine.

The CHAIRMAN summarized the discussion. Two alternative proposals concerning the body to review the working of the Regulations were before the meeting, namely, that of the delegate of India (see page 155) to the effect that the appropriate expert committee of the World Health Organization should

perform the functions of a periodic review of the Regulations, and the proposal of the working party recommending the establishment of what he would call an "ad hoc committee".

*Decision:* The proposal of the delegate of India was adopted by 16 votes to 7.

#### **Article 107 [112]**

The CHAIRMAN called for observations on the recommendation of the working party that the proposed international sanitary council should exercise the functions specified under paragraph 1 of Article 107 for the settlement of disputes, to which the proposal of the delegate of India constituted an amendment, namely, that the appropriate expert committee of the World Health Organization should perform such functions.

Mr. HASELGROVE explained that the minority report took the view that no reference should be made to the settlement of disputes, beyond a statement that they should be referred to the Director-General who would deal with them as might seem appropriate. The provision for ultimate recourse to the International Court of Justice should be retained in Article 107.

Dr. BJØRNSSON submitted, in the name of his delegation, the proposal of the Director-General in his memorandum on Article 107 (see page 152) that the words "the competent body of the World Health Organization" should be added to paragraphs 1, 2 and 3 of Article 107.

Mr. HASELGROVE, replying to Dr. RAJA, explained that under Article 107 disputes would be settled by the Director-General either by correspondence, or through an ad hoc body or expert committee. The Director-General should be left free to settle each dispute as he thought fit. Paragraph 1 of Article 107 might simply state "WHO shall attempt to settle the question or dispute".

Dr. RAJA withdrew his amendment in favour of the proposal of the United Kingdom delegation.

Dr. BIRAUD, Secretary, replying to Dr. VAN DEN BERG, said that up to the present only one international dispute had been submitted to the Health Assembly, after the Director-General and the Expert Committee on International Epidemiology and Quarantine had failed to bring about agreement between the parties concerned. The Health Assembly had not been able completely to resolve the difference

but on that occasion the parties to the dispute had not been bound by any established text. As far as the Sanitary Regulations were concerned, the situation would be quite different owing to the existence of texts formally agreed to by Member States.

Dr. BJØRNSSON repeated his proposal to add the words "the competent body of the World Health Organization" (meaning a selected panel of experts to be consulted by the Director-General in settling disputes) to paragraphs 1, 2 and 3 of Article 107.

Mr. HASELGROVE thought the proposal of the delegate of Norway unnecessary. It was obvious that the Director-General would have all the machinery of WHO at his disposal.

*Decision:* The Norwegian proposal was adopted by 19 votes to 5.

The CHAIRMAN called for comments on whether the committee's decisions should be drafted in the form of a series of recommendations to the forthcoming Health Assembly.

Dr. GEAR thought it expedient to submit the committee's findings in the form of resolutions to the Fourth World Health Assembly, bringing out the important points made by the United States delegation: (1) that there should be continuous supervision of the Regulations; (2) that the epidemiological aspect of the Regulations should receive particular attention.

*Decision:* It was agreed that appropriate resolutions should be drafted for presentation to the Fourth World Health Assembly.

### **3. Consideration of the Draft International Sanitary Regulations**

#### **Article 107 [112] (continuation)**

The committee continued its consideration of Article 107, already begun in connexion with the discussion on the working party's report.

Dr. RAJA questioned the utility of filling in the blank space in paragraph 1, in view of the decision taken that existing machinery would be used for the settlement of disputes.

Miss GUTTERIDGE (United Kingdom) proposed that paragraph 1 should end after the first clause. On the other hand, the United Kingdom delegation

favoured the retention of the reference to the International Court of Justice in paragraph 3. Some purely legal question might be involved or an allegation of a breach of international obligations with which only the International Court of Justice should deal.

Replying to the CHAIRMAN, she thought that paragraph 2 contained a useful provision.

Dr. VAN DEN BERG supported the views of the United Kingdom delegation in regard to paragraph 3.

Miss GUTTERIDGE, replying to the suggestion of Dr. RAJA that disputes not resolved under existing procedure should be referred to the Health Assembly, drew attention to the footnote to the article setting forth the views of the Legal Sub-Committee. It was evidently not right that a body which had adopted the Regulations should be called upon to settle disputes. Moreover, was the Health Assembly, by nature of its size and existing procedure, really an appropriate body for the purpose?

Dr. JAFAR, referring to the footnote to Article 107, thought it was improper for the Special Committee—under its terms of reference—to offer any suggestions to the Health Assembly concerning the specific body to exercise legislative functions.

Dr. MACLEAN suggested that paragraph 2 should be completed by the words “any body which the Director-General may consult”.

Referring to the third sentence of the footnote to Article 107, he questioned the competence of the International Court of Justice in the matter of quarantine procedure. Any decision given by the International Court of Justice would in any case not lead to further action or be likely to receive much publicity. He therefore agreed with the view that disputes not settled by the Director-General should be referred to the Health Assembly.

The SECRETARY, replying to the request from the delegate of Pakistan for an explanation of the existing machinery for settling international disputes, said that, as a first step, mediatory action was undertaken by the Director-General without recourse to any body resembling a tribunal. It would be noted from the memorandum of the Director-

General on Article 107 that about 95 per cent of complaints and disputes had been thus settled. The Director-General could obtain technical advice not only from officials of the Organization but also, directly or by correspondence, from the members of the Expert Committee on International Epidemiology and Quarantine, or from the various expert advisory panels of the Organization. Legal advice could be given by the appropriate members of the Secretariat, or recourse could be had to the legal experts which had already assisted the Expert Committee on International Epidemiology and Quarantine in the drafting of the sanitary regulations.

The Director-General would probably wish to increase the number of legal experts on the appropriate advisory panel to provide him with advice on the interpretation of the Regulations, to assist with their revision or with the texts of new sets of Regulations.

Under its existing terms of reference, the Expert Committee on International Epidemiology and Quarantine was competent to prepare the text of international sanitary regulations and to assist in the settlement of disputes arising out of the International Sanitary Conventions in force. Its terms of reference would have to be extended to cover disputes under the Regulations.

It would be for the committee to recommend to the Health Assembly the necessary modifications in the terms of reference of the expert committee.

He recalled that an unsettled dispute had already been submitted to the Third World Health Assembly.

He stated that the Executive Board had ruled that the countries concerned had the right to be represented at meetings of the Expert Committee on International Epidemiology and Quarantine when disputes were under discussion.

Dr. RAJA maintained his earlier view, namely, that “existing machinery” included the Health Assembly, particularly in view of the desirability that questions should be decided mainly on the technical plane.

He agreed with the delegate of Pakistan that it was not for the Special Committee to give instructions to the Health Assembly.

Dr. VAN DEN BERG agreed with the delegate of the United Kingdom that an administrative body should not be given legislative functions.

M. GORGÉ (Switzerland), seconded by M. MAS-PÉTIOL (France), proposed that Article 107 should be referred to the Juridical Sub-Committee for consideration of the deletion or retention of the reference to the International Court of Justice in the text.

*Decision:* Article 107 was referred to the Juridical Sub-Committee for consideration in the light of the discussion.

**Article 21** [23] (continuation from page 61)

The CHAIRMAN recalled that discussion on Article 21, begun at the seventh meeting, had been deferred pending a discussion of Article 107.

Dr. RAJA proposed, in the light of the decision taken in regard to Article 107, that Article 21 should remain unchanged. He recalled the fundamental points he had raised during earlier discussion.

The Special Committee could not ignore the principle regarding maximum requirements adopted by the Expert Committee on International Epidemiology and Quarantine at its first session<sup>15</sup> and endorsed by the Second World Health Assembly in resolution WHA2.15.

Secondly, unless governments freely restricted their sovereign rights by agreeing to certain common lines of action in respect to particular diseases, it would be difficult to reach agreement on the action to be taken in the case of governments exceeding the measures stipulated in the Regulations.

Mr. BEVANS (United States of America) said that his delegation's amendments to Article 21 (see page 62) were designed primarily to avoid reservations to the Regulations. He believed that the provisions in the draft submitted by the United States delegation would serve to control justified measures imposed by a State in certain circumstances. In his opinion the existing text of Article 107 was inadequate owing to the length of time required for the settlement of a dispute. An attempt had been made to provide

for practical machinery whereby a State could be called upon to enlist the help of WHO to solve any particular problem. As far as infringement of the maximum measures was concerned, States Members of WHO should be relied upon not to exceed the scope of their commitments.

Dr. VAN DEN BERG was not prepared to accept any amendment of Article 21 which, in his opinion, was the keystone of the whole of the Regulations.

Mr. HASELGROVE, while in favour of the article as it stood, thought, however, that the wording of the second sentence was not particularly happy and that the sentence should be deleted.

Dr. DUREN (Belgium) recalled the opinion already expressed by his delegation (in a note on the United States proposal), namely, that the procedure proposed was too complicated and likely to result only in sterile inquiry, since any measures taken by a State to meet exceptional circumstances would probably have been withdrawn before the completion of the inquiry. His delegation agreed with the delegation of the United Kingdom that Article 21 was particularly important and that no additional clause should be allowed to annul its provisions and leave the door open to arbitrary action. The last sentence of the article, however, should be deleted.

Dr. PADUA (Philippines) supported the United States proposal.

The CHAIRMAN proposed that Articles 21 and 107 should be linked up so as to ensure that if a country exceeded the maximum provisions laid down, Article 107 would come into force.

Dr. JAFAR disagreed. In his opinion the provisions of the two Articles should remain quite separate.

*Decision:* The United States amendment was rejected by 15 votes to 7. The proposal to delete the second sentence of Article 21 was unanimously adopted.

<sup>15</sup> *Off. Rec. World Hlth Org.* 19, 12

*The meeting rose at 12.15 p.m.*

# TWENTY-FOURTH MEETING

*Friday, 27 April 1951, at 9.30 a.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

## 1. Credentials of the Delegate of Austria

The committee formally approved the credentials of Dr. Strobl (Austria), examined and found in good and due form.

## 2. Consideration of the Draft International Sanitary Regulations

### Article 2 [2] (continuation from page 44)

Dr. BIRAUD, Secretary, recalled that some difficulties had arisen from the fact that certain rights inherited by WHO from the Office International d'Hygiène Publique and UNRRA concerning the transmission, by the Organization, of epidemiological data by telegram and telephone had not been respected by inclusion in the International Telecommunication Convention of 1947. He had presented WHO's case to the Administrative Council of the International Telecommunication Union. The Council had unanimously agreed (see page 168) to recommend to the Members of the Union that the revised ITU Convention (to be discussed at the Plenipotentiary Conference in Buenos Aires in 1952) should include specific provisions for urgent epidemiological telegrams and telephone calls from WHO and accord them the priority treatment granted to meteorological communications affecting the safety of life.

Accordingly he suggested that paragraph 2 of Article 2 be amended to refer only to the right (already recognized by ITU) to government privileges of epidemiological notifications sent to the Organization, and that a third paragraph be added to the article to the effect that epidemiological notifications sent, under the Regulations, by telegram or telephone, should be granted the privileges accorded by ITU to telegrams and telephone calls affecting the safety of human life.

Pending the revision of the ITU Convention of 1947, he hoped that some privileges would be granted by governments at the request of the ITU Administrative Council and that from 1952 onwards

WHO would enjoy the priority referred to on the basis of the amended ITU Convention.

Mr. HASELGROVE (United Kingdom) expressed the committee's gratitude to ITU for its willingness to grant substantial privileges and paid a tribute to Dr. Biraud for so ably presenting the case of WHO. He doubted, however, whether the matter was one for legislation by the Organization, or whether it was proper for WHO to include any provision in its permanent Regulations on the basis of resolutions adopted by ITU. Paragraph 2 of Article 2, in his view, should merely state that telegraphic and telephonic communications sent to or from WHO should be transmitted by the quickest available means.

Replying to a point made by the CHAIRMAN, he said that WHO should be left free to arrange with ITU the best possible means for the purpose.

The SECRETARY explained that the amendments he proposed merely recognized that ITU had a moral engagement in the matter of privileges for epidemiological communications. From the psychological point of view, he submitted that it was useful officially to recognize the good intentions of ITU.

M. MASPÉTIOL (France) considered that the text proposed by the Secretary was not open to the criticisms raised by the delegate of the United Kingdom and agreed that official recognition should be given to facilities offered by another organization.

Mr. STOWMAN (United States of America) believed that paragraph 2 might be dangerous since it might raise the question of rates of payment. It was in any case redundant.

The SECRETARY, replying to a question by Dr. RAJA (India) explained that, while no official pledge could be given by the ITU at the present stage concerning the adoption by its Plenipotentiary Conference of the recommendations of its Administrative Council, he

believed there could be little doubt as to the outcome of the discussion in view of the unanimity of those recommendations. Moreover the Administrative Council included representatives of the most important countries of the world from the point of view of volume of telegraphic communications.

Dr. RAJA agreed with the delegate of the United Kingdom. If there were any possibility of the recommendation of the Administrative Council of the ITU being modified, paragraph 2 would best be drafted as suggested by the delegate of the United Kingdom ; further negotiations should be left to WHO and ITU, and the final decision communicated to governments.

The SECRETARY said that he would not press for the inclusion of his suggestion. He repeated that ITU had pledged themselves to the fullest possible extent pending the Plenipotentiary Conference in 1952, and no further negotiation was necessary.

The CHAIRMAN put to the vote the United Kingdom proposal ; namely, that paragraph 2 should be deleted and replaced by : " Any such notification or information received or sent by the Organization by telegram or telephone shall be dispatched by the most rapid means possible ".

*Decision:* The United Kingdom proposal was adopted by 12 votes to 3, and Article 2 referred to the Drafting Sub-Committee.

The SECRETARY hoped that the Secretariat would not be obliged to interpret the text adopted as implying that all epidemiological data should be dispatched by means of priority telegrams. Obviously until ITU had granted special treatment in that connexion, WHO was obliged to continue to dispatch priority material at the normal rate, namely three times as high as the ordinary tariff.

### **3. Report of the Juridical Sub-Committee on Article 8 of Annex B and Article 4 of Annex A**

#### **Article 8 [B 8]**

The SECRETARY read the amended text of Article 8 proposed by the Juridical Sub-Committee in its report (see page 280).

Mr. HASELGROVE said that Article 8 as reworded should be omitted, since Annex B referred to minimum standards of hygiene in regard to the pilgrimage. There should be no provision in Annex B which would seem to nullify those minimum standards. It was perfectly clear that a State, in so far

as its jurisdiction extended, could impose such additional requirements as it thought fit.

M. MASPÉTIOL explained the reasons for the wording suggested by the Juridical Sub-Committee.

Owing to the fact that by virtue of Article 21 the majority of the provisions in the Regulations covered maximum measures, it seemed necessary to state that such was not the case for Articles 2 to 7 of Annex B. The very fact that some doubt on the point had been expressed in the Juridical Sub-Committee proved the need for clearly stating that Articles 2 to 7 referred to minimum measures. Accordingly, he considered that the text should be completed as proposed by the Juridical Sub-Committee. Indeed, under the terms of Article 8 (as it appeared in the Report of the Sub-Committee on the Mecca Pilgrimage—see page 274), a State might be able to discriminate between ships of various nationalities as regards the requirements it imposed upon them. In order to avoid such discriminatory action the Juridical Sub-Committee, although agreeing on the need for a definite statement that Articles 2 to 7 were minimum measures, had submitted the wording for Article 8 proposed in its report.

Dr. MACLEAN (New Zealand) believed that the purpose of the article—to permit better hygienic standards on pilgrim ships—would be better achieved by an addition to Article 21 making it clear that the requirements in Articles 2 to 7 of Annex B were minimum requirements.

The CHAIRMAN said it was essential to make it quite clear that only articles 2 to 7 were minima and not the whole of the articles in Annex B.

Mr. HASELGROVE said his proposal was exactly that of the delegate of New Zealand, namely, that Article 21 should make it clear that Articles 2 to 7 of Annex B referred to minimum and not maximum requirements.

*Decision:* The United Kingdom proposal was adopted by 12 votes to 2 and Article 21 referred to the Drafting Sub-Committee.

#### **Article 4 [A 4]**

The SECRETARY read the proposals of the Juridical Sub-Committee (see page 280).

Mr. KHANACHET (Saudi Arabia), recalling his earlier statement that the Government of Saudi Arabia had no intention of exceeding the provisions

either of the Regulations or of their annexes, suggested adding to the amendment he had proposed at the twenty-first meeting (see page 142) a statement to the effect that the measures would be applied "within the limits stipulated in the Regulations".

Dr. RAJA feared that addition of such a clause might give Saudi Arabia the right not to comply with mandatory provisions.

Dr. JAFAR (Pakistan) suggested that the Juridical Sub-Committee should be requested to give an opinion on the need for the proposed addition. In his opinion, the point was already covered and the article should remain as drafted.

The CHAIRMAN proposed an alternative wording: "in conformity with these Regulations".

M. MASPÉTIOL, said that, legally, under the first amendment ("within the limits stipulated in the Regulations"), Saudi Arabia could not be required to apply the whole of the mandatory provisions. On the other hand, the second amendment ("in conformity with these Regulations") served no useful purpose. The first formula was dangerous, the second useless.

Mr. KHANACHET, replying to the delegate of India, said that until WHO had machinery at its disposal for the effective control of the application of the Regulations, countries should be trusted to apply the measures laid down. Saudi Arabia, for its part, was prepared loyally to implement the Regulations after signature thereof.

Replying to the delegate of France, he failed to see why the stipulation requested on behalf of Saudi Arabia should not be accorded. His Government was not asking for concessions, but simply for the possibility of taking action—should the need arise—considered necessary for the protection of its own territory and in the interest of those countries from which vast numbers of pilgrims came each year.

He was prepared to accept the alternative wording proposed by the Chairman so that his amendment would read: "The Saudi Arabian Government shall decide the quarantine measures to be applied to pilgrims disembarking on its territory, in conformity with these Regulations".

#### *Decisions:*

(1) The amendment of the delegation of Saudi Arabia was adopted by 12 votes to 3.

(2) Article 96 was referred to the Drafting Sub-Committee for amendment as proposed by the Juridical Sub-Committee in its report.

#### **4. Review of Certain Articles amended by the Special Committee : Cholera**

The CHAIRMAN opened the discussion on the amended text of certain articles as prepared by the Drafting Sub-Committee on the basis of the directives of the Special Committee.

#### **Article 54 [61]**

The text prepared by the Drafting Sub-Committee read :

1. The possession of a valid certificate of vaccination against cholera shall be taken into consideration by health authorities in applying the measures provided for in these Regulations.

2. Until the Organization has adopted regulations concerning standards for anticholera vaccines the standards in force in the countries where the vaccine is administered shall be accepted.

3. The health authority for a local area which is not infected may, in the case of a person who arrives there within the incubation period on an international journey from an infected local area, impose the following measures :

(a) if he is in possession of a valid certificate of vaccination against cholera, he may be placed under surveillance for a period not exceeding five days from the date of his departure from the infected local area ;

(b) if he is not in possession of such a certificate, he may be placed in isolation for a like period.

4. A person who is unwilling to submit to the measures provided in paragraph 3 of this Article may be refused admission to a territory but he shall not be prevented from continuing his journey under the conditions specified in Article 29.

5. Subject to sub-paragraph (a) of paragraph 1 of Article 56, the health authority for an infected local area shall not require a person arriving there on an international journey to produce a certificate of vaccination against cholera.

Mr. KHANACHET proposed that the word "surveillance" in paragraph 3 (a) should be replaced by "isolation".

Dr. RAJA considered that, although isolation might be enforced as a special measure in connexion with the pilgrimage, the right to impose such a measure should not apply to international traffic as a whole.

Dr. JAFAR supported the inclusion of such a measure in Annex A.

The CHAIRMAN ruled out of order any proposal regarding Annex A, on which a decision had already been taken.

He noted that nothing similar to the provisions of paragraph 4 of Article 54, which empowered health authorities to refuse admission to a territory to a person who refused to submit to surveillance or isolation, had existed previously in international conventions relating to quarantine.

In reply to a question put by the delegate of Egypt he said that the validity of a vaccination certificate was governed by the date of vaccination.

Dr. DE TAVEL (International Civil Aviation Organization) referring to the Chairman's remarks on paragraph 4, said that if a person's state of health was such as to justify refusing him admission to a territory, his presence in the confined space of an aircraft would be equally undesirable; and yet, if the territory of destination refused to receive him, the airline by which he travelled might be required to return him whence he came.

Dr. MACLEAN thought that, as paragraph 4 introduced an entirely new concept, and in view of the difficulty pointed out by the representative of ICAO, it might be best to delete the paragraph and to insert at the beginning of paragraph 3 the words "Subject to the conditions laid down in Article 29".

The CHAIRMAN observed that Article 29, whether referred to or not, would apply in the present case, as to many other articles.

Dr. MACLEAN had suggested the reference only in order to make the meaning of the article clearer to a local quarantine officer.

Mr. HASELGROVE agreed that paragraph 4 could be deleted and noted that the difficulty raised by the representative of ICAO would apply also to vessels. As to the suggestion of the delegate of New Zealand, there was always a difficulty that a reference in one particular place to an article raised doubts as to its general applicability.

Dr. PADUA (Philippines), supported by the delegations of Egypt and Saudi Arabia, proposed that the words "or in isolation" be inserted after the word "surveillance" in paragraph 3 (a).

Dr. RAJA thought that the insertion of such a provision, admissible in his opinion in the case of draft Annex A but ruled out of order, would be quite unjustifiable in the case of an article dealing with international traffic in general.

#### *Decisions:*

- (1) The proposal of the delegate of the Philippines was rejected by 11 votes to 4.
- (2) It was agreed by 17 votes to 6 to delete paragraph 4.

Mr. STOWMAN observed that the provisions of paragraph 5 would make it impossible for the health authority of an area where two cases of cholera had occurred to require persons arriving to produce certificates of vaccination.

After some discussion, he proposed that the paragraph be deleted.

*Decision:* The proposal was adopted by 22 votes to 1.

Dr. MACLEAN pointed out that the difficulty to which the United States delegation had called attention also arose in connexion with paragraph 3. He therefore proposed the deletion of the words "which is not infected".

*Decision:* The proposal was adopted unanimously and Article 54 was remitted to the Drafting Subcommittee.

#### **Article 55 [62]**

The text prepared by the Drafting Subcommittee read:

1. A ship shall be regarded as infected if it has a case of cholera on board or if a case of cholera has occurred on board during a period of five days before arrival.
2. A ship shall be regarded as suspected if a case of cholera has occurred on board during the voyage, but a fresh case has not occurred during a period of five days before arrival.
3. An aircraft shall be regarded as infected if it has a case of cholera on board. It shall be regarded as suspected if a case of cholera has occurred on board during the voyage but has previously been disembarked.



4. Even when coming from an infected local area or having on board a person coming from an infected local area, a ship or an aircraft shall be regarded as healthy if, on medical examination, the health authority is satisfied that no case of cholera has occurred on board during the voyage.

Dr. LENTJES (Netherlands) proposed that the words "the last ten days of" be inserted after the word "during" in paragraph 2.

Dr. EL-HALAWANI (Egypt) thought the original text preferable.

*Decisions:*

- (1) The Netherlands proposal was adopted by 17 votes to 2.
- (2) Article 55 was remitted to the Drafting Sub-Committee.

**Article 56 [63]**

The text prepared by the Drafting Sub-Committee read :

1. On arrival of an infected ship or aircraft, the following measures may be applied by the health authority :

(a) for a period of not more than five days, reckoned from the date of arrival, surveillance of any passenger or member of the crew who produces a valid certificate of vaccination against cholera, and isolation of all others ;

(b) disinfection of

(i) any baggage of any infected person or suspect ;

(ii) any other article, such as used bedding or linen and any part of the ship or aircraft, which may be contaminated ;

(c) disinfection and removal of any water carried on board that may be contaminated and disinfection of the containers, which shall then be refilled with wholesome water.

2. Human dejecta, waste water including bilge-water, waste matter, and any other contaminated substance shall not be discharged or unloaded without previous disinfection. Their safe disposal shall be the responsibility of the health authority.

Dr. DUREN (Belgium) thought that the meaning of paragraph 1 (c) in the French text was not entirely clear as it suggested that the containers had to be refilled with water at the time of disinfection. Perhaps the word "ensuite" should be inserted. In the

last sentence of paragraph 2 the words "bonne exécution de ces mesures" would be preferable to "toute évacuation de cette nature".

The CHAIRMAN agreed that if the second suggestion of the delegate of Belgium was adopted the French and English texts would accord better. With regard to the first suggestion, since it was presumably not intended that there should be any compulsion to refill the containers, but merely that, if they were refilled, it should be with wholesome water, he suggested that the word "shall" be replaced by "may".

Dr. RAJA proposed that the word "other" in the second line of paragraph 2 be deleted since it suggested that dejecta of healthy persons, for example, were contaminated.

The CHAIRMAN thought that the words "on board who wished to disembark" should be inserted at the end of sub-paragraph 1 (a) to make it clear that persons wishing to stay on board were not to be isolated.

Mr. HASELGROVE suggested that the point raised by the Chairman might be better met by substituting the word "disembarkation" for "arrival", so making it clear that the whole sub-paragraph concerned only persons who wished to disembark.

*Decision:* Article 56 was remitted to the Drafting Sub-Committee.

**Article 57 [64]**

The text prepared by the Drafting Sub-Committee read :

1. The measures provided under sub-paragraphs (b) and (c) of paragraph 1 and under paragraph 2 of Article 56 may be applied to a suspected ship or aircraft.

2. In addition, without prejudice to the measures provided by sub-paragraph (b) of paragraph 3 and paragraph 4 of Article 54, any passenger or member of the crew may be placed under surveillance for a period of not more than five days reckoned from the date of arrival.

The SECRETARY pointed out that since paragraph 4 of Article 54 had been deleted, the reference thereto should also be removed.

Mr. HASELGROVE noted that since paragraph 2 of Article 57, like sub-paragraph 1 (a) of Article 56, should be applicable only to persons not remaining on board, the words "any passenger or member

of the crew " should be replaced by " any person disembarking ".

*Decision:* Article 57 was remitted to the Drafting Sub-Committee.

#### **Article 58 [65]**

The text prepared by the Drafting Sub-Committee read :

A ship or an aircraft shall cease to be regarded as infected or suspected when the measures required by the health authority in accordance with Article 33 and Articles 56 and 57 respectively have been effectively carried out. The ship or aircraft shall thereupon be given free pratique.

*Decision:* The article was adopted without comment.

#### **Article 59 [66]**

The text prepared by the Drafting Sub-Committee read :

On arrival, a healthy ship or aircraft shall be given free pratique but, if it comes from an infected local area, the health authority may apply to passengers and members of the crew the measures provided for in Article 54.

Mr. HASELGROVE observed that his remark on Article 57 applied also to Article 59.

*Decision:* Article 59 was remitted to the Drafting Sub-Committee.

#### **Article 60 [67]**

The text prepared by the Drafting Sub-Committee read :

If, on arrival of a train or a road vehicle, a case of cholera is discovered, the following measures may be applied by the health authority :

(a) without prejudice to the measures provided by sub-paragraph (b) of paragraph 3 and paragraph 4 of Article 54, surveillance of any suspect for a period of not more than five days reckoned from the date of his arrival ;

(b) disinfection of

(i) any baggage of the infected person and if necessary of any suspect ;

(ii) any other articles such as used bedding or linen and any part of the carriage or other vehicles which may be contaminated.

The SECRETARY noted that the reference to paragraph 4 of Article 54 should be deleted.

The CHAIRMAN noted that there was no point in using the word " carriage " rather than " train " in sub-paragraph (b) (ii).

*Decision:* Article 60 was remitted to the Drafting Sub-Committee.

#### **Article 61 [68]**

The text prepared by the Drafting Sub-Committee read :

1. On arrival of an infected or suspected ship or aircraft, of a train or a road vehicle on which a case of cholera has been discovered, or of a vessel, aircraft, train, or road vehicle coming from an infected local area, the health authority may prohibit the unloading of, or may remove, any fish, shellfish, fruit or vegetables to be consumed uncooked, or beverages which are not completely protected from contamination or which the health authority has reason to believe are contaminated. If such food is removed, arrangements shall be made for its safe disposal.

2. If such food forms part of the cargo in a hold of a ship or a freight compartment of an aircraft, the health authority for the port or airport at which such food is unloaded only may exercise the power to remove it.

3. The pilot in command of an aircraft may always require the removal of such food.

The CHAIRMAN recalled that an amendment proposed by the delegation of the United States to Article 61 had been adopted. He wondered whether the United States delegation was satisfied with the new text which the Drafting Sub-Committee had produced.

In reply to a question put by the United Kingdom delegation, he recalled that the words " in a hold of a ship or a freight compartment of an aircraft " had been inserted because, as the delegate of India had remarked, deck cargo, for example, might be accessible to passengers.

Dr. MACLEAN, referring to paragraph 1, believed that the original United States amendment had referred to sealed containers. It might be better to retain that reference since the present wording might leave the way open to disputes as to the meaning of " completely protected from contamination ".

After some discussion, Mr. STOWMAN suggested that the words " or beverages which are not completely protected from contamination or which the health authority has reason to believe are contami-

nated" be replaced by "unless such foods or beverages are in sealed containers and the health authority has no reason to believe them contaminated".

*Decision:* The wording suggested by the delegate of the United States of America was adopted.

## Article 62 [69]

The text prepared by the Drafting Sub-Committee read :

1. A person without clinical symptoms of cholera arriving on an international journey from an infected local area shall not be required to submit to stool examination or rectal swabbing.
2. A person presenting clinical symptoms of cholera and arriving on an international journey from an infected local area within the incubation period of the disease may be required to submit to stool examination.

Professor ALIVISATOS (Greece) thought that the text of paragraph 2, for reasons which he had already put before the committee, provided insufficiently for protection against cholera infection ; he therefore proposed its replacement by the following text : "A person presenting clinical symptoms suspected of being those of cholera and arriving from an infected local area within the incubation period of the disease provided under Article 53 may be required to submit to stool examination".

Dr. EL-HALAWANI, while disliking Article 62 as a whole, particularly objected to the word "clinical", which he thought suggested bedridden cases and therefore excluded all provision for ambulatory cases.

Dr. RAJA thought that the whole question of the importance of the cholera carrier and its implications with regard to stool examinations had been discussed to exhaustion and that the decisions of the committee could not be reversed. He saw, however, no special objection to removing the word "clinical".

Dr. BELL (United States of America) fully agreed with the delegate of India and recalled that his amendment to Article 62, which had been adopted, had not, as he had himself worded it, included the word "clinical".

The CHAIRMAN thought that full satisfaction could be given to the delegate of Greece and partial satisfaction to the delegate of Egypt by employing the words "symptoms indicative of cholera" in place of "clinical symptoms of cholera". That

form of words had been employed in an earlier draft but had been removed by the Drafting Sub-Committee, which had been unable to find a satisfactory French equivalent for "indicative". He was sure that such an equivalent would be found.

A proposal by Dr. DAENGSVANG (Thailand) to delete the words "within the incubation period of the disease" in paragraph 2 was rejected.

*Decision:* The Chairman's suggestion was adopted and Article 62 was remitted to the Drafting Sub-Committee.

*The meeting rose at 12 noon*

## Appendix [A3-4/SR/50] 26 April 1951

### PRIVILEGES OF EPIDEMIOLOGICAL TELEGRAMS AND TELEPHONE COMMUNICATIONS IN INTERNATIONAL TRAFFIC

The following resolutions were adopted by the Administrative Council of the International Telecommunication Union at the plenary meeting on 23 April 1951 :

#### 226. International Epidemiological Telegrams of the World Health Organization

The Administrative Council

*considering*

1. that the International Telecommunication Convention of Atlantic City 1947, and the Telegraph and Radio Regulations annexed thereto, make no provision for priority treatment of international epidemiological telegrams of the World Health Organization ;
2. that WHO is preparing International Sanitary Regulations, which will eventually replace existing International Sanitary Conventions, which latter contain provisions granting to epidemiological telegrams the priority enjoyed by Government telegrams ;

*desirous*

1. of avoiding any conflict between the Convention and Regulations of the International Telecommunication Union, on the one hand, and the proposed International Sanitary Regulations of WHO, on the other hand ;
2. that measures be taken to facilitate the most expeditious possible treatment of epidemiological telegrams of exceptional urgency affecting the safety of life ;

*urges* all Members of the Union

1. to grant to epidemiological telegrams of exceptional urgency affecting the safety of life, sent by the headquarters of WHO or by the regional offices of that Organization, the same treatment as they accord to communications concerning safety of life at sea or in the air, in virtue of Article 45 of the International Telecommunication Convention of Atlantic City and of Articles 35 and 40 of the Telegraph Regulations annexed thereto ; and to this end, to give instructions to their offices that such treatment be accorded to telegrams sent by the regional offices of WHO or by the headquarters of that Organization, which are certified by the sender as being communications of exceptional urgency concerning safety of life ;
2. to approach the private operating agencies recognized by them, with a view to ensuring, so far as possible, that these agencies grant to the telegrams in question the treatment provided in paragraph 1 above ;

*requests* the Secretary General

1. to communicate this resolution to all Members of the Union and to WHO forthwith ;
2. to communicate to WHO in due course any observations on the matter which he may receive from Members of the Union.

## **227. International Epidemiological Telephone Conversations of the World Health Organization**

The Administrative Council

*considering*

1. that the International Telecommunication Convention of Atlantic City 1947, and the Telephone Regulations annexed thereto make no provision for priority treatment of international epidemiological telephone conversations of the World Health Organization ;
2. that WHO is preparing International Sanitary Regulations, which will eventually replace existing International Sanitary Conventions, and proposed to introduce into these new Regulations provisions

relative to telephone conversations with a view to obtaining priority in cases of exceptional urgency affecting safety of life ;

*desirous*

1. of avoiding any conflict between the International Telecommunication Convention and the Telephone Regulations annexed thereto, on the one hand, and the proposed International Sanitary Regulations of WHO, on the other hand ;
2. that measures be taken in order that the treatment applied to epidemiological telephone conversations of exceptional urgency affecting the safety of life may be the most expeditious ;

*urges* all Members of the Union

1. to grant to epidemiological telephone calls of exceptional urgency affecting the safety of life, made by the Headquarters of WHO or by the regional offices of that Organization, the same treatment as they accord to distress calls in virtue of Article 45 of the International Telecommunication Convention ;
2. to approach the private operating agencies recognized by them, with a view to ensuring, so far as possible, that these agencies grant to the telephone conversations in question the treatment provided in paragraph 1 above ;

*invites*

WHO to specify the cases in which international epidemiological telephone conversations of exceptional urgency are necessary ;

*requests*

the CCIF to study urgently the best means of meeting the wishes of WHO so that the XVIth Plenary Assembly of the CCIF, in October 1951, may issue a recommendation on the subject and modify accordingly the Instructions to Operators of the International Telephone Service of the European System ;

*instructs*

the Secretary-General to communicate this resolution to all Members of the Union and to WHO forthwith.

# TWENTY-FIFTH MEETING

*Friday, 27 April 1951, at 2 p.m.*

*Chairman: Dr. M. T. MORGAN (United Kingdom)*

## 1. Credentials of the Delegate of Iceland

The committee formally accepted (without convening a meeting with the Sub-Committee on Credentials) the credentials of Dr. Sigurjónsson (Iceland) which had been examined and found in good order.

## 2. Review of Certain Articles amended by the Special Committee : Smallpox

In reply to a question by Dr. JAFAR (Pakistan) the CHAIRMAN explained that in view of the complexity of the discussions that had taken place on Chapter IV—Smallpox, the committee had asked the Director-General to submit a revised draft of some of the articles, in accordance with the decisions taken, for reconsideration before reference to the Drafting Sub-Committee. He would allow as much discretion as possible with regard to reconsideration of the articles, but felt that discussion could not be reopened on points on which a decision had been reached by vote.

### Article 74 [82]

The CHAIRMAN said that no change had been made in the English text. In the French text, however, it was proposed to say “est fixée à quatorze jours” instead of “est de quatorze jours”. If there were no objections he suggested that the same amendment should be made throughout the Regulations.

*Decision:* In the absence of objection the amendment to the French text of Article 74 was adopted.

### Article 75 [83]

The text prepared at the request of the committee read :

1. A person on an international journey who arrives from a local area which is not an infected local area may be required on arrival to produce a certificate of vaccination against smallpox ; in the absence of such a certificate this person may be subjected to surveillance unless he prefers

vaccination and the immediate granting of a certificate.

2. A person on such a journey who has left an infected local area within the previous fourteen days and who, in the opinion of the health authority is not sufficiently protected by vaccination or by a previous attack of smallpox may be required on arrival to submit at the discretion of the health authority to vaccination against smallpox, or to surveillance, or to vaccination followed by surveillance ; a person refusing vaccination may be isolated.

3. The period of isolation or surveillance shall not exceed fourteen days reckoned from the date of departure of the person from the infected local area.

The CHAIRMAN asked the delegate of the United States to raise any points of substance on which the draft proposed by his delegation for the articles under consideration differed from the text submitted by the Director-General. Differences of drafting could be referred to the Drafting Sub-Committee.

Dr. HEMMES (Netherlands), proposing that paragraph 1 should be deleted, said that his delegation considered that a traveller should not be submitted to surveillance unless on arrival he was held to be a danger to others. Moreover, vaccination and surveillance of travellers coming from a non-infected local area were contrary to the fundamental principles of the Regulations indicated in the Preamble.

Dr. BELL (United States of America) said that the proposals of the United States delegation regarding paragraph 1 were covered by the revised text.

The CHAIRMAN thought the text would be simplified if it read “this person may be subjected to vaccination or to surveillance” instead of “this person may be subjected to surveillance unless he prefers vaccination and the immediate granting of a certificate”.

Mr. HASELGROVE (United Kingdom) thought that the proposal just made changed the meaning. The intention of the paragraph was to give the traveller the choice between vaccination and surveillance.

Dr. RAJA (India) considered it inconsistent with the principles of the Regulations that the treatment, under paragraph 1, of a person coming from a non-infected local area was almost identical with that of a person who came from an infected area.

The CHAIRMAN ruled that as a definite decision had been taken on the first part of paragraph 1 discussion could not be reopened. The drafting of the second part might not be clear and was open for improvement.

Dr. RAJA said that his point, which was of fundamental importance, was not met by the words "a person refusing vaccination may be isolated" at the end of paragraph 2. He felt that as a responsible body the Special Committee should not lay down in international regulations provisions that lacked consistency.

Dr. MACLEAN (New Zealand) suggested deleting the words "unless he prefers vaccination and the immediate granting of a certificate".

Dr. HEMMES formally proposed reopening of the discussion on the first part of paragraph 1.

*Decision:* The proposal to reopen the discussion on the first part of Article 75, paragraph 1, was rejected by 16 votes to 12.

The CHAIRMAN put to the vote the proposal of the delegate of New Zealand that the words "unless he prefers vaccination and the immediate granting of a certificate" should be deleted.

*Decision:* The proposal was rejected by 14 votes to 8.

Dr. MALAN (Italy) requested that the words "who is not in possession of a valid certificate of vaccination" be inserted after "fourteen days" in paragraph 2.

Dr. BELL thought that the proposal was contrary to the intention of paragraph 2 since it would preclude measures in the case of a person vaccinated only the day before arrival. He reminded the committee that the certificate of vaccination against smallpox, as adopted, was valid from the date of vaccination even though the person did not develop immunity until some days later.

Dr. RAJA thought the objection would be met by stating "A person on such a journey who has left an infected local area within the previous fourteen days who has not been vaccinated against smallpox, or a person who in the opinion of the health authority..."

Dr. BELL thought that the suggested wording would still preclude any action, at the discretion of the health authority, when a person had a valid certificate, even though he might not become immune until some days later.

The CHAIRMAN suggested "and who, even though in possession of a valid certificate of vaccination, is not, in the opinion of the health authority..."

Dr. RAJA felt obliged to raise again the question of validity of the certificate because he felt strongly that the Special Committee should not allow glaring inconsistencies to appear in the Regulations. The provision on the certificate that it became valid on the day of vaccination could not be justified scientifically. The whole purpose of vaccination was to ensure that a person possessed a sufficient amount of immunity, and in the case of primary vaccination at least it was absolutely necessary that some period should elapse between the date of vaccination and the date when immunity was considered to have been acquired. The Special Committee had adopted that principle in the case of cholera and yellow fever and it would hardly be to its credit to ignore it in the case of smallpox.

Dr. JAFAR (Pakistan) agreeing with the delegate for India, said he was opposed to the inclusion of the word "valid" in the certificate of vaccination against smallpox. The Special Committee had throughout described a certificate as valid when the person vaccinated was judged to have acquired sufficient immunity, but in the case of the smallpox certificate the word "valid" would be used in a different sense.

*Decision:* After a further exchange of views it was decided by 13 votes to 8 to eliminate the word "valid" in the certificate of vaccination against smallpox.

Dr. BELL suggested that in view of the decision just taken it would be necessary to state on the certificate that it expired three years after the last vaccination.

*Decision:* Paragraphs 2 and 3 of the revised text were adopted.

**Article 76 [84]**

The text prepared at the request of the committee read :

1. A ship or an aircraft shall be regarded as infected if it has a case of smallpox on board.
2. A ship shall be regarded as suspected if a case has occurred on board within the last 28 days of the voyage, unless appropriate measures have been taken.
3. Any other vessel or aircraft shall be regarded as healthy.

It was agreed to defer consideration of Article 76 pending the decision on Article 77. (For continuation see below.)

**Article 77 [85]**

The text prepared at the request of the committee read :

1. On arrival of an infected ship or aircraft or of a suspected ship, the following measures may be taken by the health authority :

(a) vaccination or surveillance or vaccination followed by surveillance or, in exceptional circumstances, vaccination followed by isolation for a period not exceeding fourteen days from the date of disembarkation of any person who is a suspect and who in the opinion of the health authority is not sufficiently protected by vaccination or by a previous attack of smallpox ;

(b) a person refusing vaccination may be isolated for a period not to exceed fourteen days reckoned from the last date of possible contamination ;

(c) disinfection of any baggage of any infected person or suspect as well as of any other article, such as bedding which has been used and soiled linen, and of any part of the ship or aircraft, which may be contaminated.

2. A ship or an aircraft shall cease to be regarded as infected when the provisions of Article 33 and the measures ordered by the health authority in accordance with paragraph 1 of this article have been carried out ; it shall continue to be regarded as suspected until 28 days have elapsed since the measures specified in paragraph 1 of this article have been carried out ; it shall thereupon be given free pratique. While suspected, a ship may be given restricted pratique subject to the isolation of passengers on board.

As an alternative to "the isolation of passengers on board" the Director-General suggested "pas-

sengers on board being prevented from disembarking".

Mr. HASELGROVE (United Kingdom) referring to paragraph 2 of Article 77 proposed that the words "it shall thereupon be given free pratique" should follow the first clause and that the rest of the sentence should be corrected to read : "on arrival at a subsequent port it may continue to be regarded as suspected until 28 days have elapsed from the occurrence of the last case".

Dr. MACLEAN considered the last part of paragraph 2 too far-reaching. The situation was covered by Article 35 which allowed the health authority to take action in the event of a subsequent incident of epidemiological significance. Moreover, paragraph 2 was in direct conflict with paragraph 2 Article 76. He proposed the deletion of the words "it shall continue... have been carried out".

Dr. JAFAR supported the proposal and Mr. HASELGROVE withdrew his proposal in favour of that of the delegate of New Zealand.

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

Mr. HASELGROVE suggested, as a consequence of the decision thus taken, the deletion of the second sentence of paragraph 2.

*Decision:* It was so agreed. The revised text of Article 77 was adopted subject to the above amendments.

**Article 76 [84] (continuation)**

Dr. BELL, seconded by Dr. RAJA, said that under paragraph 1 of Article 76 as drafted, if a person died from smallpox on board and his body was thrown overboard, the ship would no longer be infected. He proposed adding the words "and it remains infected until the measures provided in Article 77 have been effectively carried out".

Dr. MACLEAN considered the addition unnecessary, because in the case described the ship would become suspected under the provisions of paragraph 2 of Article 76 so that the measures prescribed in paragraph 1 of Article 77 would apply.

The CHAIRMAN considered that a ship would continue to be regarded as infected in the case described by the delegate of the United States until the cabin, baggage and material used had been disinfected. He suggested adding to paragraph 1 of Article 76 "or if it has had a case on board, until

the necessary measures described in Article 77 have been carried out ”.

In reply to a question by Dr. JAFAR, the CHAIRMAN said that the deletion of the second sentence in paragraph 2 of Article 77 would have no effect on Article 76.

He thought Article 76 would be clearer if the second paragraph read “ A ship shall be regarded as suspected for a period of 14 days following disposal of a case on board provided the appropriate measures described in paragraph 1 of Article 77 have been taken ”.

Dr. MACLEAN suggested “ A ship shall be regarded as suspected if the health authority has reason to believe that infection arising from a case on board still persists ”.

Dr. BELL suggested the following wording for Articles 76 and 77 (*phrases amended or added are in italics ; those deleted are in square brackets*) :

#### Article 76 [84]

1. A ship or an aircraft shall be regarded as infected if it has a case of smallpox on board.

*Such a vessel remains infected until the appropriate measures described in paragraph 1 of Article 77 have been effectively carried out.*

2. *A vessel or aircraft may be regarded as suspected when it carries persons who are suspects.*

3. Any other vessel or aircraft shall be regarded as healthy.

#### Article 77 [85]

1. On arrival of an infected ship or aircraft [or of a suspected ship], the following measures may be taken by the health authority :

(a) vaccination or surveillance or vaccination followed by surveillance or, in exceptional circumstances, vaccination followed by isolation for a period not exceeding fourteen days from the date of disembarkation of any person who is a suspect and who in the opinion of the health authority is not sufficiently protected by vaccination or by a previous attack of smallpox ;

(b) a person refusing vaccination may be isolated for a period not to exceed fourteen days reckoned from the last date of possible contamination.

(c) disinfection of any baggage of any infected person or suspect as well as of any other article, such as bedding which has been used and soiled linen, and of any part of the ship or aircraft, which may be contaminated.

2. *Upon arrival of a suspected ship the measures provided in paragraph 1 (a) may be carried out.*

3. A ship or an aircraft shall cease to be regarded as infected when the provisions of Article 33 and the measures ordered by the health authority in accordance with paragraph 1 of this Article have been carried out ; it shall thereupon be given free pratique.

Dr. MACLEAN, while agreeing with the proposal of the delegate of the United States as regards Article 76, was opposed to the suggested amendment of Article 77 on the grounds that it would preclude isolation of persons suspected of having been recently exposed to infection and who refused vaccination. Moreover there might be suspected baggage or bedding on board that had been used by a passenger who had died the day before arrival of the ship.

Dr. BELL explained that the first point raised by the delegate of New Zealand was covered by paragraph 1 (b), which it was not proposed to change. As regards the second point, by reason of the definition of a suspected ship contained in Article 76, the ship would in such a case be regarded as suspected and would be disinfected.

Dr. RAJA urged that paragraph 1 of Article 76 should clearly cover the case of continuing infection resulting from the first case of smallpox. He proposed adding words to the following effect : “ If a case of smallpox has died or recovered, the ship shall be considered free from infection only after the measures indicated in Article 77 have been carried out ”.

The CHAIRMAN, with the agreement of Dr. BELL, thought the point would be met by replacing the words “ if it has ” in the first sentence of paragraph 1, by “ if there is or has been ”.

After a further exchange of views on the point, during which Dr. BJØRNSSON (Norway) drew attention to Article 35, the CHAIRMAN asked the delegate of India to accept the text proposed by the delegation of the United States, as amended, on the understanding that if he was not satisfied with the final draft when circulated, the discussion could be reopened.

#### Decisions :

(1) On the proposal of Dr. JAFAR it was agreed that the words “ or suspected ” should be added after “ infected ” in paragraph 3 of Article 77 as amended by the delegation of the United States.

(2) As thus amended, the United States proposal for Articles 76 and 77 was accepted, subject to a further reading after circulation of the text.



**International Certificate of Vaccination or Revaccination against Smallpox** (continuation from page 125)

In reply to a request by Dr. MACLEAN (New Zealand) that the revised form of the International Certificate of Vaccination or Revaccination against Smallpox (adopted by the committee at its eighteenth meeting) be discussed, the CHAIRMAN said that, as decision regarding the certificate had been reached by vote, the discussion could not be reopened.

Dr. BELL, whilst accepting the Chairman's ruling, said that, in view of the decision just taken not to include the word "valid" in the certificate (see page 170), the certificate must be amended to indicate that it would be no longer valid after three years.

The CHAIRMAN suggested amending the relevant paragraph by stating that after the lapse of three years a fresh vaccination would be required, and Dr. JAFAR proposed the following wording :

This certificate expires three years from the date of vaccination or most recent vaccination.

*Decision* : It was agreed to amend the certificate as proposed by Dr. Jafar.

**3. Proposal by the United States Delegation for an Article to cover the Forced Landing of Aircraft**

The CHAIRMAN explained that, throughout its discussions on the draft Regulations, the Expert Committee on International Epidemiology and Quarantine had inadvertently overlooked the question of the action to be taken if an aircraft, for reasons beyond the control of the pilot in command, were forced to land elsewhere than at a designated airport. During the discussions in Paris on the compilation of the International Sanitary Convention for Aerial Navigation, 1933, the aviation interests had asked for provision to be made to cover cases of forced landing, and a paragraph was inserted in Article 25 of that convention.

The United States delegation had submitted a proposal for a new article, provisionally numbered 39 (A), to be inserted in an appropriate place in the Regulations.

**Article 39 (A) [45]**

Colonel KOSSUTH (United States of America) read out the text of the proposed new article :

When an aircraft, on entering a territory, for reasons beyond the control of the pilot in com-

mand, lands elsewhere than at an airport designated for such landing, the pilot in command shall notify the nearest local health authority of the landing. The latter shall take such action as is appropriate to these circumstances, being guided by the general principles of these regulations, in no case exceeding the measures laid down therein. No cargo shall be unloaded and no persons on board the aircraft shall leave the vicinity of the aircraft except with the permission of the local health authority. When the reasons for the landing no longer exist, the aircraft may proceed to a convenient designated airport. Notwithstanding the foregoing and the regulations ordinarily applicable, the pilot in command, while awaiting the instructions of the local health authority or if he is unable to contact this authority, shall be authorized to take such emergency measures as necessary for the health and safety of passengers and crew.

He suggested that the words "shall be unloaded", in the third sentence, be omitted, as, in the case of damage to the hull of a flying-boat, it might be important for the preservation of the cargo for it to be removed from the aircraft.

Dr. JAFAR supported the inclusion of the article in the Regulations.

When Dr. RAJA questioned the meaning of the words "shall be authorized", in the last sentence of the proposed text, Mr. HASELGROVE suggested, and the United States delegation agreed to, the substitution of the word "may" for "shall be authorized to".

Dr. DE TAVEL (International Civil Aviation Organization) said that ICAO had included in Annex 9 to the Convention on International Civil Aviation a provision in terms similar to the wording of the United States proposal. He added that Article 36 of the draft International Sanitary Regulations provided for the landing of an aircraft at an airport not possessing the required facilities. With the omission of the words "shall be unloaded", the article proposed by the United States delegation would be acceptable to the ICAO representative.

*Decision* : It was agreed that the new article be included in the draft Regulations, the appropriate place to be decided by the Drafting Sub-Committee.

*The meeting rose at 4 p.m.*

## TWENTY-SIXTH MEETING

*Saturday, 28 April 1951, at 9.30 a.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

# 1. Application of the Sanitary Regulations to Diseases other than Epidemic Diseases : Proposal of the United Kingdom Delegation

Mr. HASELGROVE (United Kingdom) introducing a note<sup>16</sup> by his delegation on the application of the Regulations to diseases other than epidemic diseases, recalled that some doubt had arisen in the course of the Special Committee's discussions as to the exact scope of the Regulations which it was preparing. It was clear that the Expert Committee on International Epidemiology and Quarantine, in drawing up the original draft, had had in mind only the six diseases described as "epidemic" and that the Special Committee was not in a position to frame regulations applicable to other diseases. It was equally clear, however, that Article 24, for example, laid down an important general principle which was that, with regard to international traffic, free pratique should not be withheld from a ship or aircraft on account of the presence of other communicable diseases. By implication, persons infected with such diseases could be dealt with by the local health authorities under the national laws of the country concerned. It would be remembered that in the discussion on Article 24 difficulty had arisen concerning the definition of "free pratique" and that the delegate of Australia, pointing out that some diseases not covered by the Regulations, though common in Europe, were almost unknown in some parts of the world and therefore a grave danger when introduced, had foreseen objections to the implementation of the article until it had been explained that "free pratique" as understood by

the committee in general applied only to the vessel or aircraft and did not imply that quarantine measures could not be taken by health authorities against persons in the case of other diseases. The United Kingdom delegation, in accordance with the view of the committee that the use of the term "free pratique" should be avoided in that particular article, had attempted to expand the article so as to make clear both its exact meaning and the extent of its applicability to diseases other than those termed "epidemic".

The text proposed read :

1. If, on the arrival of a ship or aircraft, there is on board any communicable disease, other than an epidemic disease, which is duly verified by the health authority as a result of medical examination, the following provisions shall apply :

(a) any person suffering from the disease, together with his baggage and personal effects, may be removed, and the usual measures in force in the territory may be applied. Such removal shall be compulsory if it is required by the person in charge of the ship or aircraft. The accommodation which has been occupied by any person suffering from the disease may be disinfected.

(b) any person not suffering from the disease shall be allowed to disembark, in which case the usual measures in force in the territory may be applied, or he shall be permitted to continue his journey.

2. On completion of any measures taken by the health authority in accordance with sub-paragraph (a) of paragraph 1 of this Article, the ship or aircraft shall forthwith be given free pratique.

3. Nothing in this Article shall prevent the application of any measure permitted by the International Convention for Mutual Protection against Dengue Fever of 25 July 1934 or by paragraph 2 of Article XVII of the International Sanitary Convention for Aerial Navigation of 1944.

<sup>16</sup> The note said that considerable doubt appeared to exist as to the measures which might be applied by Member States in connexion with communicable diseases other than epidemic diseases as defined in the draft Regulations. The United Kingdom delegation therefore suggested amendments to the draft Regulations.

The amendments proposed are reproduced in the minutes of this meeting. They involved a consequential amendment to Article 41, in which the words, "an infected or suspected person", would be replaced by "a person suffering from a communicable disease", and the words, "an epidemic disease", by "a communicable disease".

It was proposed to re-number the article 34(A) since it was felt that, as it was concerned with arrival, it should be transferred to the appropriate chapter. It would also be noted that in paragraph 3 reference was made to measures not to be superseded by the present Regulations.

Mr. Haselgrove said that it was proposed to amend the heading of Part III to read "Sanitary Organization" since only the last two articles of that chapter—Articles 19 and 20—were concerned with procedure, and it was therefore proposed to transfer them to Part IV, whose heading was to be changed to "Sanitary Measures and Procedure". The United Kingdom delegation, noting that the Part contained both articles applicable only to the six epidemic diseases and articles of general application, proposed the insertion at the beginning of the Part of the new Article 18(A) reading :

The sanitary measures and procedure provided for in this Part of these Regulations apply to all communicable diseases, except where an Article or part of an Article is specifically restricted to measures in connexion with the epidemic diseases.

It might be, however, that the committee would prefer to adopt the solution of putting the two types of article under different headings.

Professor ALIVISATOS (Greece) could not accept the new Article 18(A) proposed by the United Kingdom delegation. Its provisions, taken in connexion with those of Article 34 might lead, in the case of a whole range of communicable diseases for which no effective methods of vaccination or prophylaxis existed and which were mainly transmitted by persons in the incubation period, to the application of measures disastrous to international traffic. He would not go into the efficacy of such measures or the question of whether it would not be preferable, until effective prophylaxis was discovered, to allow those diseases to become endemic, so immunizing the population by latent infections, but he could not see why the committee, which had shown itself so liberal in some respects, should expressly authorize controversial measures whose result no one could predict.

For similar reasons, he asked for the deletion of paragraph 1 (b) of Article 34(A); the rest of that article would then be acceptable.

Dr. HENNINGSEN (Denmark) welcomed the note presented by the United Kingdom delegation and agreed that the clarification referred to in the preamble thereto was necessary. Danish quarantine laws

contained a provision authorizing the Minister for Home Affairs to declare applicable to other diseases measures framed for epidemic diseases. He mentioned that fact not because he claimed that Danish quarantine legislation was of great importance, but because it had been drawn up with the assistance of Dr. Madsen, who had for many years been active in the preparation of former International Sanitary Conventions, two of which, at least, contained clauses defining the extent of their application to diseases other than those now referred to as "epidemic".

It would be seen, therefore, that the United Kingdom proposal was in harmony with the practice adopted in former conventions.

Dr. RAJA (India) welcomed the United Kingdom note but wished to comment upon some points of detail. First, he wondered whether the proposed Article 18(A) would make necessary a definition of "communicable diseases". Secondly, since it had been agreed that the Regulations were to be applicable only to the six epidemic diseases, and since there also seemed to be a general feeling that WHO should later extend its activities to other diseases convenient for international action, he thought that the committee might perhaps prefer to submit to the Health Assembly a resolution recommending that the framing of regulations applicable to other diseases be considered at an early date.

With regard to the remarks of the delegate of Denmark, he wondered whether national authorities, in framing regulations applicable to other diseases, need really have their attention brought to the international regulations concerning the six epidemic diseases.

Mr. STOWMAN (United States of America) agreed that the possibility of framing international regulations in respect of other diseases must soon be considered. The problem of the international transmission of malaria, for example, was becoming increasingly serious.

The proposed Article 34(A) was in every way more clear than the original Article 24 which it was intended to replace, its only fault being that some provision should perhaps be inserted to preclude unnecessary interference with transit passengers, unless the word "arrival" in the chapter heading already precluded that possibility.

With regard to the proposed Article 18(A), on the other hand, he felt far more doubtful, since it had been definitely decided that the Regulations were applicable only to the six epidemic diseases. If more time had been left to the committee he would have suggested the setting-up of a working party to

consider the effect which the adoption of Article 18(A) would have on the Regulations as a whole, but in the present circumstances he thought that it would be best to reject the proposed article and leave questions which might arise as to the extent of the applicability of the Regulations to be decided through the existing machinery of WHO.

Dr. EL-HALAWANI (Egypt) agreed with the delegate for India that, if Article 18(A) were adopted, the term "communicable disease" might need defining.

As to the recommendation on the framing of further Regulations, he thought that, although the committee had met to deal only with six diseases and there were notable gaps in the results achieved, it was of the utmost importance to frame, in the near future, special regulations for the control of one of the most dangerous of other diseases, namely malaria. As the committee was aware, certain anophelines were especially dangerous when newly introduced to a region and had done great damage both in his own country and in Brazil.

The CHAIRMAN noted that the delegate of Egypt would have an opportunity to discuss the possible framing of regulations applicable to malaria when the Special Committee discussed item 6 of its agenda.

Dr. PADUA (Philippines) said that the adoption of the United Kingdom proposal for Article 18(A) would remove partially the restrictions which the Regulations might impose on measures to prevent the spread of diseases other than the six termed "epidemic". While the Health Assembly might decide to set up a committee to draft regulations for other diseases, the adoption of Article 18(A) would fill in a serious gap during the long time which must elapse meanwhile.

Dr. GAUD (France) approved the United Kingdom proposal, regretting only that it had been submitted too late for a proper discussion of its effect on the Regulations as a whole. Nevertheless, he thought that the distinction implied in the proposed Article 18(A) between "communicable diseases" and "epidemic diseases" might not be generally understood, and he therefore proposed that the committee replace the term "epidemic diseases", which it had hitherto employed in a sense more restricted than that generally accepted throughout the world, by "quarantinable diseases" or "conventional diseases". At the same time, the term "communicable disease" was too wide, covering many

diseases to which neither the present nor any probable future regulations would be applicable, and should therefore be replaced by "epidemic diseases" which could be more suitably employed in that sense.

Mr. HASELGROVE stressed—in connexion with the remarks of the delegate of France—that the United Kingdom delegation had been careful not to propose any changes of substance in Part IV of the Regulations and he drew attention to the existing definitions of terms used in certain of the articles, such as "infected local area", "infected person" and "suspect" which related to the six epidemic diseases. The only change of substance it had ventured to suggest had concerned the clarification of the fact that Article 24 (to become Article 34(A)) was intended to be of general application.

M. BOSMANS (Belgium), with regard to the possible framing of further regulations applicable to other diseases, drew attention to a note by his delegation requesting the Special Committee to recommend to the Fourth World Health Assembly that the Expert Committee on International Epidemiology and Quarantine be instructed to prepare draft regulations on the steps to be taken to prevent the spread by international traffic of epidemic or communicable diseases other than those covered by WHO Regulations No. 2.

Dr. PADUA thought that the question of the applicability of the present Regulations to diseases in general had been sufficiently discussed in the committee, but with regard to the proposal of the delegate of France, he recalled that the use of the word "quarantinable" in place of "epidemic" had been suggested before and found unacceptable by some. The word "pestilential" might be used instead. In any case, the word "epidemic", if retained would suggest to laymen that it was applicable to all diseases which might become epidemic.

Dr. DE CARVALHO-DIAS (Portugal) agreed that the committee might employ the word "pestilential" if "quarantinable", which his own Government had suggested, was not acceptable. Alternatively, in the French text the words "maladie réglementée" might be used.

Dr. BELL (United States of America) said that further time would be needed properly to study the implications of the broad principles laid down in the proposed Article 34(A). Would paragraph 1(a), for

example, empower local health authorities to remove from a ship or aircraft a person suffering from chickenpox or athlete's foot?

Provisions applying to diseases other than the six already covered (in so far as it proved possible to prescribe useful measures), might later be included in the Regulations, but in the meantime he could not see what specific action could be taken and doubted the utility of the United Kingdom proposal.

The CHAIRMAN put to the vote the proposal of the delegation of France that throughout the Regulations the term "epidemic disease" be replaced by "quarantinable disease" and the term "communicable disease" by "epidemic disease".

*Decision:* The proposal was adopted by 24 votes to 2.

The CHAIRMAN put to the vote the amendments proposed by the United Kingdom delegation to the headings of Part III and Part IV of the Regulations.

*Decision:* The amendments were adopted unanimously.

At the request of the delegation of the United States, it was agreed to defer further consideration of the other United Kingdom proposals. (For continuation of discussion, see minutes of twenty-seventh meeting.)

## 2. Control of Insect Vectors of Malaria in International Air Traffic

The CHAIRMAN thought that the committee would agree that it could not at the present stage consider including provisions for the control of malaria in the Regulations. He noted, however, that the proposal submitted by the delegation of Belgium (see page 176), and the one being prepared by the delegation of South Africa (see page 179) concerning the framing of further regulations applicable to other diseases, could be considered as referring implicitly to malaria. He also noted that the Director-General, with the help of recommendations submitted by the Expert Committee on Malaria, had already undertaken a preliminary study of the possibility of controlling the spread of that disease by international action.

## 3. Consideration of the Draft International Sanitary Regulations

### Article 75 [83] (continuation from page 169)

Dr. BELL recalled, that (in the seventeenth meeting) during the discussion on Chapter IV, a proposal

had been made by the delegation of Canada to add the following sentence somewhere in Article 75: "Vaccination against smallpox shall be required of any person leaving an infected local area on an international journey". Should not a vote be taken on that proposal?

Dr. BARRETT (United Kingdom), Dr. RAJA and Dr. MACLEAN (New Zealand) were of the opinion that sufficient safeguards had been laid down. The measures to be applied to persons on arrival from an infected local area were clearly stated elsewhere in the Regulations.

*Decision:* The Canadian proposal was rejected by 12 votes to 13.

### Article 36 [41] (continuation from page 73)

The CHAIRMAN understood that the word "forward" had been added after "proceed" in the penultimate line.

*Decision:* Article 36 was remitted to the Drafting Sub-Committee.

### Article 37 [42] (continuation from page 74)

Dr. HENNINGSEN wondered whether some definition was not required for the term "infected territory".

*Decision:* It was decided to replace the words "infected territory" by "a territory where there are infected local areas".

Dr. EL-HALAWANI proposed, in order to clarify the text, the addition of the words "provided that an aircraft has not taken on passengers from a local infected area". In some countries, where travel was mainly by air it was possible for persons from an area infected with yellow fever to board a plane at a sanitary airport, and thence to proceed to another territory.

Dr. RAJA thought that the provisions of Article 65 covered the point raised.

Dr. JAFAR (Pakistan) thought that the point raised by the delegate of Egypt deserved careful consideration. He proposed—in order to clarify the text—the addition of the words "without having taken on board any person from the infected territory".

The CHAIRMAN proposed an alternative wording: "provided it has not taken any persons on board at that airport".

Dr. BARRETT said that the point raised was covered in respect of each of the six quarantinable diseases in the relevant chapters.

Dr. RAJA interpreted Article 65 to mean that whether an aircraft came from an infected local area or not, it was permissible for a health authority to make sure that any person on board insufficiently protected against yellow fever could be isolated for the required period. He was not sure whether the Regulations permitted a health authority to impose disinsecting measures in the case of an aircraft not considered to be infected—even though it might have on board persons from an area infected with yellow fever and who were therefore liable to spread infection.

Dr. JAFAR maintained that the article was not necessary and had been included only to show that an aircraft—merely because of its flight over infected territory—could not be considered as included in the category of infected aircraft. All doubts would be removed by the addition he had proposed and which would clarify the meaning of the word “merely” in the text.

The CHAIRMAN explained the reasons for the insertion of article 37, for which he was originally responsible. There had been cases where an aircraft on arrival had been considered to be infected because it had flown over an infected territory without landing. That was thought to be unreasonable. It had then been thought that even if an aircraft landed at a sanitary airport, situated within an infected local area, that did not mean that it could be regarded as infected or suspected.

Dr. JAFAR still felt there was no harm in clarifying the position. A person, even in possession of a vaccination certificate, might still not be immune from yellow fever if the certificate were not yet valid.

Mr. HASELGROVE said that the specialized chapters dealing with the various quarantinable diseases laid down specific measures to be applied to aircraft and persons on arrival. The purpose of the article was to stress that an aircraft landing at a sanitary airport—by definition free from infection—could not be considered as having come from an infected local area merely because that sanitary airport happened to be situated therein.

#### *Decisions:*

- (1) The proposal to add the words “provided it has not taken persons on board at that airport” was rejected by 6 votes to 11.
- (2) Article 37 was remitted to the Drafting Subcommittee.

#### **4. Draft Resolutions for Submission by the Special Committee to the Fourth World Health Assembly**

##### *Additional National Health and Sanitary Measures*

Dr. GEAR (Union of South Africa) explained that he had prepared the draft resolution on behalf of a number of delegations. As a result of the discussion on Part III (Sanitary Organization), the need had become apparent for sanitary measures to be taken in endemic and receptive areas not only at ports of departure and arrival, but also in the environment of those ports.

The draft resolution read:

The Fourth World Health Assembly,

Believing that

- (a) the International Sanitary Regulations represent only part of the action required to remove the international threat of epidemic diseases;
- (b) parallel action is equally necessary to remove insanitary conditions conducive to the existence of such diseases, especially in and around ports and airports;
- (c) health administrations in improving sanitary conditions and in expanding their health and medical services, especially in and around ports and airports, are thereby securing their own protection against the entry and establishment of epidemic diseases;
- (d) territories with satisfactory sanitary conditions and efficient health and medical services may reduce quarantine measures against international traffic;
- (e) the freest possible movement of international traffic is highly desirable in the interests of world economic and social, including health, progress,

1. RECOMMENDS to all governments that they improve sanitary and environmental conditions,

especially in and around ports and airports and, in particular, they

- (1) eliminate and prevent the breeding of rodents, *Aedes* mosquitos and ectoparasites ;
  - (2) eliminate infection of cholera by providing, inter alia, pure water and food supplies, and services for the proper disposal of human wastes ;
  - (3) raise the level of protection by vaccination where appropriate or by other means against plague, cholera, yellow fever, smallpox and typhus ;
  - (4) relax, when necessary and health circumstances are satisfactory, the application to their territories of appropriate articles of the International Sanitary Regulations ;
2. REQUESTS the regional committees of the Organization to take early and continuous action to persuade Member States in their regions to adopt the recommendations in paragraph 1 above ;

3. REQUESTS the Executive Board in its preparation of programmes and otherwise to give effect to the recommendations in paragraph 1 above.

*Decision:* The word *Aedes* in paragraph 1 (1) was deleted and the draft resolution unanimously adopted for submission to the Fourth World Health Assembly.

#### *Hygiene and Sanitation of Airports*

The Special Committee adopted the substance of a draft resolution on the hygiene and sanitation of airports presented by the Observer for the International Air Transport Association (for text as presented to the committee of the Fourth World Health Assembly see page 319).

#### *Terms of Reference for a WHO Expert Committee to deal with Non-Pestilential Epidemic Diseases*

#### *Functions of the Expert Committee to deal with the Application of the International Sanitary Regulations and Existing International Sanitary Conventions*

The Special Committee had before it draft resolutions on the above subjects prepared by the delegate of the Union of South Africa. The first of these, on the terms of reference of a WHO expert committee to deal with non-pestilential epidemic diseases, read :

#### The Fourth World Health Assembly

REQUESTS the Executive Board

- (1) to examine and report on the present arrangements and their possible improvement for the collection and analysis of epidemiological information in respect of all communicable diseases and not only the six epidemic diseases mentioned in the Regulations ;
- (2) to study the ways and means for co-ordinating WHO activities as regards the non-pestilential epidemic diseases and the modification of the terms of reference of the present Expert Committee on International Epidemiology and Quarantine required for the purpose.

The second, on the functions of the expert committee to deal with the application of the International Sanitary Regulations and existing International Sanitary Conventions, read :

#### *Preamble*

The Special Committee considers that the application of the proposed International Sanitary Regulations will require special attention being given to the constitution and functions of the expert committee, the establishment of which it is hereby recommending.

The Regulations will probably in application reveal deficiencies. Further, the changing nature of international epidemic disease, of methods of disease control and of world transport cannot be given due recognition in static Regulations. The Special Committee therefore wishes to emphasize that the present regulations require as an essential feature in their application continuous appraisal with consequent amendment by all the appropriate organs of the Organization—Health Assembly, Executive Board, expert committees and the Secretariat. Only thus will up-to-date Regulations be maintained.

The committee considers it also appropriate to request the Health Assembly, in giving the necessary authority for the establishment of the required expert committee, to indicate the need for advice being secured by it in all the fields of activity affected by the application of the Regulations. Such comprehensive advice will be particularly required in dealing with problems calling for interpretation or mediation in disputes.

With the above considerations in mind, the Special Committee on International Sanitary Regulations recommends to the Fourth World Health Assembly the adoption of the following resolution :

*Resolution*

The Fourth World Health Assembly

## REQUESTS

(1) the Executive Board to entrust to an appropriate expert committee the following duties connected with the International Sanitary Regulations :

(a) a systematic and critical review of the Regulations and other relevant legislation, and the making of recommendations thereon ;  
 (b) the preparation of additional regulations where necessary on diseases not covered in Regulations No. 2 ;

(c) the submission of reports as required on practices, methods and procedures in connexion with the subjects included in the Regulations ;

(d) the consideration of any matters referred to it in pursuance of Article 107 of Regulations No. 2 ;

(2) the Director-General, in constituting and convening the expert committee, to take note of the need

(a) for making available to it appropriate expert advice, inter alia, on such subjects as epidemiology, port sanitation, quarantine procedure, international law, aviation and shipping ;

(b) for ensuring continuity of action ;

(c) for providing to the committee the technical co-operation and advice of the appropriate WHO expert committees and study-groups.

The CHAIRMAN explained that the resolution on the terms of reference for an expert committee to deal with non-pestilential epidemic diseases was practically identical with the draft proposal submitted by the Belgian delegation (see page 176).

Dr. GEAR said that he had been requested to prepare the draft resolutions on behalf of a number of delegations. It had been agreed, after discussion of Article 107, that the attention of the Health Assembly should be drawn to the imperative need for a review of the operation of the Regulations, and for action with regard both to the diseases covered in the Regulations and those which fell outside its provisions. The draft resolutions therefore included the whole substance of the majority report on Article 107, the substance of the United Kingdom minority report, the substance of the proposals put forward by the French delegation and also verbal

contributions during the debate (see minutes of the twenty-second and twenty-third meetings). The application of the Regulations required continuous study, by the appropriate organs of the Organization (Health Assembly, Executive Board, expert committees and the Secretariat), not only of the quarantinable diseases but also of other communicable diseases ; machinery had also to be provided for the implementation of Article 107. That machinery already existed but the draft resolution had been framed in general terms in order to integrate the resolutions adopted by the First, Second and Third World Health Assemblies and the subsequent action taken by the Executive Board thereon.

*Decision:* The draft resolution on the terms of reference for an expert committee to deal with non-pestilential epidemic diseases was adopted for transmission to the Fourth World Health Assembly

Dr. VAN DEN BERG (Netherlands), while in general agreement with the wording of the resolution just adopted, expressed the view that the proposed machinery should be established on a permanent basis.

Dr. BERGMAN (Sweden) thought that a clear decision had been taken not to recommend the establishment of any new committee but to use the existing machinery of the Organization, including the Expert Committee on International Epidemiology and Quarantine. He was of the opinion that a vote had been taken in favour of the proposals which the delegate of India had made at the committee's twenty-third meeting (see page 155).

Dr. RAJA was in favour of the consultative body set up by the Director-General being of a flexible nature so as to include technical advice of all kinds.

Mr. HASELGROVE agreed that a definite decision had been taken not to recommend the establishment of any new committee but to recommend that appropriate action should be taken through existing machinery of the Organization.

In connexion with the draft resolution on the functions of the expert committee to deal with the application of the International Sanitary Regulations, the CHAIRMAN suggested that in paragraph (1) the words " the appropriate expert committee or committees " should replace " an appropriate expert committee ". In paragraph (2) the words " in constituting " might be omitted.

Dr. RAJA, replying to the delegate of Sweden, said that his proposal had been accepted on the question of periodical review. In regard to the settlement of



disputes under Article 107, he had accepted the United Kingdom proposal that existing machinery should be employed for the purpose.

Dr. BARRETT agreed to the Chairman's suggestion. He proposed, however, that the word "expert" should be omitted both in paragraphs (1) and (2).

Mr. STOWMAN supported the United Kingdom suggestion to omit the word "expert" in order to leave the Executive Board and the Director-General free in the matter.

Dr. GEAR explained that the draft resolution took full account of existing instructions issued by Health Assemblies for the establishment of existing expert committees, including the Expert Committee on International Epidemiology and Quarantine; it likewise covered the decisions taken by the present committee; namely

- (1) the recommendation of the delegate of India that there should be an expert committee to perform the functions of a periodical review of the Regulations;
- (2) the proposal of the delegate of Norway that action under Article 107 should be undertaken by the appropriate body of the Organization.

The original terms of reference of the Expert Committee on International Epidemiology and Quarantine should not, however, be overlooked. Pending the issue of new instructions from the Health Assembly the present mandate of that committee would not be in harmony with the functions envisaged for the proposed new body.

The point raised by the delegate of the Netherlands could not be covered in the resolution because it would create a difficult administrative problem

involving a departure from previous instructions of the Health Assembly concerning expert committees and related bodies.

He assured the delegates of Sweden and the United Kingdom that there had been no reversal of decisions taken.

The Committee on Administration, Finance and Legal Matters of the Fourth World Health Assembly might wish to revise the wording but, so far as he could judge, the draft resolution was in line both with the administrative requirements of the Organization and with the general policy of the Health Assembly and Executive Board.

An exchange of views took place as to whether the words "with consequent amendment" (in the second paragraph of the preamble), should be modified or omitted.

Dr. BARRETT moved their deletion.

The proposal of Mr. STOWMAN to replace the words "with consequent amendment" by "with modifications when necessary" was adopted.

*Decision:* The draft resolution on the functions of the expert committee to deal with the application of the International Sanitary Regulations was adopted, with one dissenting vote, for submission to the Health Assembly.

It was agreed, on the suggestion of Dr. JAFAR, to refer the text to the Juridical Sub-Committee for consideration as to whether it conformed with the proposal of the delegation of India adopted at the twenty-third meeting, on the understanding that no further discussion was necessary unless any contention arose.

*The meeting rose at 12.30 p.m.*

## TWENTY-SEVENTH MEETING

*Monday, 30 April 1951, at 9.30 a.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

### 1. Application of the Sanitary Regulations to Diseases other than Epidemic Diseases: Proposal of the United Kingdom Delegation (continuation)

Discussion was resumed on the United Kingdom proposal for a new Article 18 (A) and replacement of Article 24 by an Article 34 (A).

Dr. HEMMES (Netherlands) agreed with the United Kingdom delegation that the provisions of Article 24 were not well defined and that the interpretation would depend entirely on the opinion of the local health authority, but felt that the same could be said of the proposed Article 34 (A), which, as drafted,

did not sufficiently safeguard the interests of travellers. If there were danger of the spread of other communicable diseases by international traffic, a study would be necessary to ascertain whether it was possible to institute effective and reasonable measures, either in the present Regulations, or in separate regulations. Such a study would take time ; in order, therefore, not to delay the entry-into-force of the Regulations, he proposed the replacement of Article 24 by a text on the following lines :

Pending the adoption by the Organization of regulations covering the sanitary measures applicable to non-pestilential communicable diseases transmitted by international traffic, the health authority for a port or an airport, on arrival of a ship or aircraft having on board a case of one of these diseases, may take sanitary measures not exceeding the principles mentioned in Chapter IV of this Part, provided that

- (a) they are based on thorough knowledge of the epidemiology of the disease concerned ;
- (b) they are the least burdensome of those likely to be effective ;
- (c) they correspond to the measures applied at frontiers for the same disease.

Free pratique shall be granted immediately after completion of the measures prescribed.

The health authority shall inform the Organization within 48 hours of the application of this Article, giving at the same time complete complementary information on the epidemiological situation.

Dr. DUJARRIC DE LA RIVIÈRE (France) welcomed the principle underlying the United Kingdom proposal. His delegation had for some time been asking for a study to be made of epidemic diseases other than the quarantinable diseases. In view of its repercussions on the Regulations, a detailed study of the whole question was required and the authority of the Health Assembly should be requested for that work.

Dr. Dujarric de la Rivière added that the term "communicable disease" was unsuitable, because it included tuberculosis, venereal diseases, etc.

Dr. BELL (United States of America) did not clearly understand the implications of the proposals made by the United Kingdom delegation.

Regarding the proposed Article 18 (A), the implications could not be judged until the amended definitions which had been adopted for certain terms were available in written form, but the suggestion that one part of the Regulations should apply to all epidemic diseases except where the six quarantinable diseases were specifically mentioned, whereas to other parts the contrary applied, was confusing and likely to lead to misunderstanding. He preferred the proposal submitted by his delegation and defeated at an earlier meeting (see page 75), to mention by number all articles applying to diseases other than the six quarantinable diseases.

With regard to the proposed Article 34 (A), he drew attention to the purpose of the Regulations, as stated in the Preamble. It had been agreed that restrictions on international traffic were not justified in respect of communicable diseases other than the six specified in the Regulations, and in his view Article 24, as at present drafted, provided all that could be done in the way of Regulations against such diseases. The United Kingdom proposals would open the door to the imposition by health authorities of restrictions on commerce in respect of any communicable disease and would thus defeat the whole purpose of the Regulations.

Dr. RAJA (India), referring to the proposed Article 34 (A), was inclined to think that, since the ship or aircraft would presumably be in the territorial waters or on the territory of a State, the health authority had the right, under national law, to impose measures against that ship or aircraft. Legal advice might perhaps be necessary to clarify the situation.

Dr. MACLEAN (New Zealand) said that the text proposed by the United Kingdom delegation would be unlikely to cause any confusion, provided certain minor amendments were made. For instance, if the word "epidemic" were retained in Article 21, it would ensure that no country could impose unreasonable measures in respect of other communicable diseases.

Assuming also that the definitions of "infected local area", "infected person" and "suspect" were amended so as to refer only to the quarantinable diseases the effect of the proposal would be that Part IV, which was chiefly concerned with limiting the measures which could be applied, would

limit the action which could be taken in respect of the other communicable diseases.

Regarding the definitions, it was important that the definition of "suspect" be made to apply only to persons who had been exposed to risk of infection from a quarantinable disease.

In his opinion the provisions of the proposed Article 34 (A) did not go beyond those of the present draft. He therefore supported the United Kingdom proposal.

Dr. JAFAR (Pakistan) was not in favour of the United Kingdom proposals, first because, although measures had been suggested for application against certain other communicable diseases, the Special Committee had not yet listed those diseases. That should be done, taking into account their endemic areas and the possibility of their spread to other countries.

Secondly, during his own experience of quarantine work, he had never found any difficulty in applying the necessary measures to any vessel or aircraft on board which a case of one of the diseases had occurred. He described the measures which had been taken by the former Government of India to prevent the spread of chigger. All vessels arriving from East Africa had been required to enter the harbours of Bombay or Karachi in quarantine, every person suffering from the disease had been treated and, after disinfection of the affected parts of the ship, free pratique had been granted. Similarly in regard to measles and like diseases, there had never been any protest when the port health authority had decided that certain measures were necessary in the interests of passengers and crews.

He supported the view of the United States delegation that the United Kingdom proposal would make it possible for local health authorities to interfere with any mode of transport in respect of any disease.

Mr. HASELGROVE (United Kingdom) said that, in spite of some criticism of his delegation's proposal, there was agreement on the objective in view, namely that international traffic should not be hampered on account of diseases other than the six quarantinable diseases. It was because of the doubts which had been expressed in regard to the original text of Article 24 that his delegation had attempted a clarification.

Dealing with the proposed Article 34 (A), he said that his delegation had been satisfied with Article 24, as originally presented to the Special Committee. But

the words "except in case of grave emergency" had been altered to "except in case of unusual danger to public health" (see page 65) which, he considered, gave too great a latitude to health authorities. It appeared from discussion that Article 34 (A) was open to the same objection and he agreed that, if the maximum measures permitted thereunder were invariably applied, undue restrictions on traffic would result.

With regard to Article 18 (A), his delegation considered that the principles embodied in Part IV, which restricted the power of health authorities to interfere with international traffic, should be of general application. At the same time, it did not wish to make all the provisions of Chapter IV applicable to the epidemic diseases.

He proposed, therefore, that Article 18 (A) should be adopted, with the consequential amendments referred to by the delegate of New Zealand, and that, in place of Article 34 (A), which he withdrew, Article 24 should be retained as originally worded.

Asked by the CHAIRMAN if his delegation would support the retention of Article 24 as originally drafted, Dr. BELL said that the article was not sufficiently precise, but on the other hand the wording of the substitute article went too far. The maximum measures which could be imposed by a health authority ought to have been more precisely defined but it was too late for the committee to undertake that task. Moreover, at the previous meeting resolutions had been adopted for submission to the Fourth World Health Assembly, recommending that special studies be undertaken in connexion with the communicable diseases.

He therefore agreed to retain the original Article 24, except that the words "Except in case of grave danger to public health" might be more acceptable for the opening phrase.

Dr. DUJARRIC DE LA RIVIÈRE said that his delegation could accept the new proposal of the United Kingdom delegation to retain Article 24 if it were amended to begin: "Except in case of an epidemic disease which would greatly endanger public health..."

On the other hand, he thought that the appropriate expert committee should later be asked to examine and report on the implications which Article 24 would have on the Regulations as a whole.

Dr. RAJA asked whether the provisions of Article 24 as drafted would prevent a local health authority

from imposing measures in respect of communicable diseases other than the six quarantinable diseases on a vessel or aircraft arriving in its territory.

The CHAIRMAN replied that, except in the case of grave emergency, a health authority could not withhold free pratique but could do anything else within its own national laws.

Mr. HASELGROVE asked the delegate of the United States if he would agree to the use of the words "grave emergency" instead of those he had proposed ("grave danger to public health").

Dr. BELL thought that perhaps both terms might be included. He had introduced the reference to public health because he thought it was not implied in the original text.

Dr. MACLEAN thought that the words "grave emergency" were sufficiently qualified by the phrase "on account of any other communicable disease".

Dr. HENNINGSEN (Denmark) thought that there might be confusion because the term "free pratique" was not interpreted in the same way in all countries, and asked whether the Drafting Sub-Committee had defined it. In Denmark measures such as preventing passengers and crews from having contact with the shore, and constant medical supervision, could be applied, if necessary, in respect of all communicable diseases, but there was no interference with loading or unloading of cargo, nor with other normal operations of the ship.

The CHAIRMAN thought there could be no confusion if it were remembered that "free pratique" applied to a vessel or aircraft and not to the passengers or crew on board.

Dr. HENNINGSEN said that the Chairman's interpretation stressed the need for a definition of "free pratique".

After Mr. HASELGROVE and Dr. BELL had accepted his amendment of the first line of Article 24 to read: "Except in case of emergency constituting a grave danger to public health", the CHAIRMAN asked the committee to vote on the proposal to retain Article 24.

*Decision:* It was unanimously agreed that Article 24 be retained as amended by the Chairman.

After an exchange of remarks between Mr. HASELGROVE and Dr. BELL during which the latter said he believed that the proposed Article 18 (A) would lead to more confusion, Mr. HASELGROVE said that, in view of the changes which had been made in the headings of Parts III and IV, his delegation felt that Article 18 (A) was not necessary and would therefore withdraw the proposal.

*Decision:* It was agreed that there should be no further consideration of the proposals for Articles 18 (A) and 34 (A). The proposals to amend the headings of Parts III and IV and to transfer Articles 19 and 20 to Part IV, following Article 22, adopted at the twenty-sixth meeting, were confirmed.

## Article 21 [23]

Dr. MACLEAN considered that in Article 21 the words "epidemic diseases" should not be changed to "quarantinable diseases" because the article could otherwise be interpreted as meaning that none of the restrictive measures, as opposed to the permissive measures, in the Regulations could be applied to diseases other than the six quarantinable diseases.

The CHAIRMAN said that, to meet the point raised by the delegate of New Zealand, the words "quarantinable and epidemic diseases" would have to be used.

Dr. BELL, seconded by Mr. HASELGROVE, suggested that the reference should be to quarantinable diseases because the Regulations did not provide measures for the other communicable diseases covered under Article 24.

*Decision:* It was agreed to substitute "quarantinable diseases" for "epidemic diseases" in Article 21.

## 2. Review of Draft International Sanitary Regulations prepared by the Drafting Sub-Committee : Annex A — Sanitary Control of Pilgrim Traffic approaching or leaving the Hedjaz during the Season of the Pilgrimage

The CHAIRMAN said that the document before the committee was a revised draft of Annex A<sup>17</sup> prepared by the Drafting Sub-Committee and taking account of the decisions of the Special Committee at its twenty-first meeting. He suggested that no

<sup>17</sup> The numbers given to the articles in this annex are those of the draft as revised by the Sub-Committee on the Mecca Pilgrimage (p. 271). The numbers appearing in square brackets in the headings are those of the final text (p. 360).

changes should be made unless the committee felt that the amendments made did not faithfully reflect their decisions or unless modifications introduced by the committee had entailed consequential amendments whose implications had not been realized.

It was so agreed.

#### **Article 1 [A 1]**

The text prepared by the Drafting Sub-Committee read :

1. The health authority for the port or airport of embarkation, or in the case of transport by land the health authority for the place of departure, shall ensure that every pilgrim before departure shall be in possession of a valid certificate of vaccination against smallpox and cholera, irrespective of the local area from which he comes or the sanitary conditions in that area : if he has left a yellow-fever infected local area or a yellow-fever endemic zone within the previous six days, he shall also be in possession of a valid certificate of vaccination against yellow fever.

2. On arrival in the Hedjaz, any pilgrim who is not in possession of the certificates required by paragraph 1 of this Article shall be vaccinated against the disease for which he has no certificate and shall be given a certificate of such vaccination. If the pilgrim refuses to be so vaccinated, the health authority may place him in isolation until the expiry of the relevant period of incubation, or until arrangements can be made in the meantime for his repatriation. In the case of yellow fever, however, a pilgrim who has not been vaccinated shall be kept in isolation until the end of the period of incubation.

*Decision:* On the proposal of Dr. RAJA (India) it was agreed : (1) in the light of the decision regarding the smallpox vaccination certificate (see page 170) to amend paragraph 1 of Article A 1 to read " shall be in possession of a valid certificate of vaccination against cholera and of a certificate of vaccination against smallpox"; (2) to amend " sanitary " in paragraph 1 to " health ".

#### **Article 2 [A 2]**

There were no comments on the article, in which no change had been made (for text see page 31).

#### **Article 3 [A 3]**

The text prepared by the Drafting Sub-Committee read :

1. On arrival of a pilgrim ship at Port Said, any pilgrim who is not in possession of the certificates required by paragraph 1 of Article 1 of this Annex shall be vaccinated against the disease for which he has no certificate and shall be given a certificate of such vaccination.

2. If on medical examination of a pilgrim ship at Port Said no case of epidemic disease is discovered, the ship shall be allowed to proceed to the Hedjaz, without calling at any intermediate port, as soon as the provisions of paragraph 1 of this Article have been complied with.

The CHAIRMAN, drawing attention to the words " epidemic disease " in paragraph 2, said the necessary changes resulting from a decision to alter the nomenclature of the diseases (see page 177) would be made in the final draft of Annex A.

There were no other observations on Article 3.

#### **Articles 4 [A 4] and 5 [A 5]**

The text prepared by the Drafting Sub-Committee read :

##### *Article 4*

Every pilgrim ship going to the Hedjaz otherwise than through the Suez Canal shall proceed to the quarantine station at Jeddah designated by the health authority and shall not disembark pilgrims and their luggage until free pratique has been given. The Saudi Arabian Government shall decide the quarantine measures, in conformity with the Regulations, to be applied to pilgrims disembarking on its territory.

##### *Article 5*

Any pilgrim returning from the Hedjaz who wishes to disembark in Egypt shall travel only in a pilgrim ship which stops either at the sanitary station at El Tor, or at some other sanitary station appointed by the health administration for Egypt, where sanitary measures, in conformity with the Regulations, may be applied to him as provided for in the Egyptian Quarantine Regulations.

Mr. HASELGROVE (United Kingdom) said that the Drafting Sub-Committee had presumably added the words " in conformity with the Regulations " in Article 5 because they had been used in the last sentence of Article 4. It might not, however, be clear to the layman whether they referred to the International Sanitary Regulations or to national regulations.

On the proposal of Dr. JAFAR (Pakistan) it was agreed that the words "the Regulations" in Articles 4 and 5 should read "these Regulations".

Dr. EL-FAR Bey (Egypt) considered that the words "in conformity with these Regulations" in Article 5 should be deleted, since the committee had agreed that the Egyptian Government should be free to apply its national regulations. In view of the decision to suppress the control at Kamaran, the Egyptian Government was not prepared to relax the measures at El Tor.

Dr. RAJA, supporting the delegate for Egypt, said it would be unreasonable to consider as a pilgrim, and therefore exempt from national sanitary laws, a person who had completed the pilgrimage and was in transit through Egypt by land or who was visiting Egypt on his way home.

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, recalled that he had previously suggested deletion of the words "where sanitary measures may be applied to him as provided for in the Egyptian Quarantine Regulations" because they were superfluous. On the request of the delegate of Egypt for their retention, he had said that although unnecessary they had no disadvantageous implications. Since then the second sentence had been added to Article 4. Although that sentence was in his opinion superfluous, as long as it was retained, it would be necessary to repeat the words "in conformity with these Regulations" in Article 5, which would otherwise be open to the interpretation that, while the Saudi Arabian Government could apply measures within the Regulations, the Egyptian Government could apply measures that were in excess of those prescribed in the Regulations. If the deletion requested by the delegate for Egypt were adopted, it might be considered that that involved a change of substance.

The CHAIRMAN asked the delegate for Saudi Arabia whether he would agree to suppression of the second sentence of Article 4 in the light of the legal opinion that its suppression had no effect on the right of Saudi Arabia to apply whatever measures it chose, provided they were in conformity with the International Sanitary Regulations.

Mr. KHANACHET (Saudi Arabia) felt that since the Egyptian Government had the right under Article 5

to apply the measures it judged necessary to pilgrims returning from the Hedjaz, which was not an endemic zone, the Government of Saudi Arabia should have the right to apply the measures it considered necessary for its own protection and the protection of countries from which thousands of pilgrims came every year.

Should the committee decide to suppress the second sentence of Article 4 on account of the repercussions it might have on other articles, his delegation would wish for renewed consideration to be given to its proposal (see page 143) to replace Article 5, which concerned only the Egyptian Government, by a more general provision.

Dr. EL-HALAWANI (Egypt) maintained that the Egyptian Quarantine Regulations with regard to El Tor had been in existence for more than a quarter of a century and had proved their usefulness for the protection of all countries. A grave danger would ensue if they were abolished. He had no objection to the Saudi Arabian proposal as such, but did not wish the principles of epidemiology to be disregarded. He emphasized that the present text of Article 5 had been discussed and agreed upon in both the Sub-Committee on the Mecca Pilgrimage and the Special Committee.

The CHAIRMAN said that the essential difference between Articles 4 and 5 was that Article 4 dealt with pilgrims entering Saudi Arabia who were not nationals of that country, whereas Article 5 dealt mostly with Egyptians returning to Egypt.

Dr. MACLEAN (New Zealand) asked for clarification on the legal question whether, if either Saudi Arabia or Egypt made a reservation to the Regulations and acted in accordance with the reservation, such action would be in conformity with the Regulations.

Mr. HOSTIE said the question of reservations was still under discussion by the Juridical Sub-Committee which proposed to deal with it in a different manner from Article 101. It might be advisable to postpone discussion of the question until Article 101 came up for consideration.

He said that the treatment of Egyptian nationals returning to Egypt could not become the subject of an international dispute. The limitation in Articles 4, 5 and 11 had a practical effect only on the relationship between a government and the nationals of another country.

Mr. KHANACHET agreed that the cases in the two articles were different. Article 5 dealt with Egyptians returning from the Hedjaz and Egyptian national laws applied to them. But the case of Saudi Arabia was different. It was a non-infected country which was obliged to admit, for a specified period, pilgrims from other countries, some of whom came from endemic zones. In accordance with generally recognized epidemiological standards, Saudi Arabia ought to be allowed to take maximum measures in the case of such persons.

He asked whether from a legal point of view it would be possible to replace Article 5 by a wording similar to paragraph 3 of Article 11 (see page 189).

M. MASPÉTIOL (France) agreed with Mr. Hostie that it would be advisable to delay consideration of the question of reservations in connexion with Articles 4 and 5 until the Juridical Sub-Committee had submitted a proposal concerning the whole matter.

He considered that the revised text of Articles 4 and 5 might be accepted, with the understanding that non-Egyptian pilgrims who wished to disembark in Egypt would automatically be subject to the national sanitary regulations of that country. The Pilgrimage was of international concern, but a pilgrim who disembarked in Egypt ceased to be a pilgrim and became an ordinary traveller subject to the same measures as other travellers. That being so, the two provisions under discussion were both in conformity with the general principles of international law.

Dr. JAFAR said that either the second sentence of Article 4 was superfluous or, if it meant that Saudi Arabia could take any measures it liked, it was contrary to the decision taken by the Special Committee. With regard to Article 5, the committee had decided that ships entering the Suez canal would be entering Egyptian territory; anyone who wished to disembark would be treated under national regulations but anyone remaining on board would be treated in conformity with the International Regulations. Therefore the reference to the Egyptian Quarantine Regulations was superfluous.

Dr. RAJA proposed deletion of the second sentence of Article 4 and the words in Article 5 "where sanitary measures, in conformity with these Regulations, may be applied to him as provided for in the Egyptian Quarantine Regulations".

The CHAIRMAN, after a discussion with Mr. HOSTIE, suggested as an alternative solution to add in Article 5 "in the case of pilgrims in transit through Egyptian territory" after "in conformity with these Regulations", deleting the comma after "measures".

Dr. EL-HALAWANI said that Article 5 dealt specifically with El Tor and it would not be logical to exclude a small minority of passengers from the measures taken there. He stressed that while the Egyptian Government was averse from taking measures unless forced thereto by threat of diseases, it could not accept provisions that would hinder it from protecting its own territory. It was out of order to make an amendment that would weaken the provisions of the article which had already been adopted by the committee.

The CHAIRMAN said that Mr. Hostie had suggested removal of all mention as to measures to be applied to people entering Egypt or Saudi Arabia from Articles 4 and 5 and paragraphs 1 and 3 of Article 11. It would be fully understood under Article 4 that the International Regulations applied and under Article 5 that the Egyptian Quarantine Regulations applied to persons entering Egyptian territory.

Dr. EL-HALAWANI maintained that it was necessary to state in Article 5 that the Egyptian Quarantine Regulations would be applied, because the Egyptian Government could not agree to exempt the small minority of pilgrims going to El Tor who were not Egyptians.

Mr. HOSTIE, replying to Mr. Khanachet's question, said Article 5 could hardly be replaced by a sentence similar to paragraph 3 of Article 11, because, while the latter concerned persons returning to the place from whence they came, Article 5 concerned two categories of persons, those returning to Egypt and those passing through Egypt in transit.

Dr. RAJA, seconded by Dr. JAFAR, formally moved the proposal to delete the second sentence of Article 4, all the words following "health administration for Egypt" in Articles 5 and in paragraph 1 of Article 11 and the whole of paragraph 3 of Article 11.

Dr. EL-HALAWANI objected to a vote being taken on the proposal on the grounds that a vote had already been taken on the article at an earlier meeting.

The CHAIRMAN ruled that the vote was in order because of the amendment to paragraph 5 consequential to the addition of the second sentence to Article 4.

*Decision:* A vote was taken and the proposal of the delegate of India was adopted.

Dr. EL-HALAWANI asked that his contrary vote be recorded.

*The meeting rose at 12.5 p.m.*

## TWENTY-EIGHTH MEETING

*Monday, 30 April 1951, at 2 p.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

### 1. Review of Draft International Sanitary Regulations prepared by the Drafting Sub-Committee : Annex A — Sanitary Control of Pilgrim Traffic approaching or leaving the Hedjaz (continuation)

The committee continued its examination of the revised draft of Annex A <sup>18</sup> prepared by the Drafting Sub-Committee.

#### Article 6 [A 6]

The article remained as amended by the Sub-Committee on the Mecca Pilgrimage (for text see page 271).

Dr. EL-FAR Bey (Egypt) objected to the substance of the article.

*Decision:* The article was adopted without further comment.

#### Article 7 [A 7]

At the suggestion of the CHAIRMAN the article, which remained as amended by the Sub-Committee on the Mecca Pilgrimage, was adopted (for text see page 271).

#### Article 8 [A 8]

The article, which remained as drafted by the Sub-Committee on the Mecca Pilgrimage, was adopted without comment (for text see page 272).

#### Article 9 [A 9]

The text prepared by the Drafting Sub-Committee read :

1. On arrival at El Tor of any pilgrim ship directed there under paragraph 3 of Article 7, or under Article 8, of this Annex, the health

authority for the sanitary station shall apply the following measures :

(a) if there is a case of plague, cholera or yellow fever or smallpox on board, every pilgrim shall be disembarked and the suspects submitted to such sanitary measures as the health authority considers appropriate : the pilgrims shall be isolated for a period, reckoned from the date when the last case occurred, of not more than five days for cholera, six days for plague or yellow fever or fourteen days for smallpox ;

(b) if there is a case of typhus or relapsing fever on board, every suspect shall be disembarked and disinfected or disinfected ;

(c) the appropriate measures for deratting, disinsecting or disinfection of the pilgrim ship shall be taken if necessary.

2. When the measures provided for in this Article have been applied, any pilgrim who is not an infected person shall be allowed to re-embark and the ship allowed to continue its voyage.

At the suggestion of Dr. RAJA (India), the words : "prescribed in these Regulations" were inserted after "measures" in the third line of sub-paragraph (a).

At the suggestion of the CHAIRMAN, sub-paragraph (b) was amended to read : "if there is a case of typhus or relapsing fever on board, every suspect shall be disembarked and they and their baggage disinfected and, if necessary, disinfected".

*Decision:* The article, as amended, was adopted.

#### Article 10 [A 10]

The article, which remained as drafted by the Sub-Committee on the Mecca Pilgrimage, was adopted without comment (for text see page 272).

<sup>18</sup> The numbers given to the articles in this annex are those of the draft as revised by the Sub-Committee on the Mecca Pilgrimage (p. 271). The numbers appearing in square brackets in the headings are those of the final text (p. 360.)



# Article 11 [A 11]

The text prepared by the Drafting Sub-Committee read :

1. Any pilgrim returning from the Hedjaz by air who wishes to disembark in Egypt, except as provided in Article 29 of the Regulations, shall first call either at the sanitary station at El Tor, or at some other sanitary station appointed by the health administration for Egypt, where sanitary measures, in conformity with the Regulations, may be applied to him as provided for in the Egyptian Quarantine Regulations.
2. No sanitary measures other than those provided for in the Regulations shall apply during the voyage to other pilgrims returning by air from the Hedjaz.
3. The health administration for any territory to which the pilgrim returns may determine the sanitary measures to be applied to him.

The CHAIRMAN reminded the committee that it had already decided, at its previous meeting, when considering Article 5 (see page 187) to delete from paragraph 1 the phrase "where sanitary measures, in conformity with the Regulations, may be applied to him as provided for in the Egyptian Quarantine Regulations" and to delete the whole of paragraph 3.

Dr. MACLEAN (New Zealand) proposed that the opening phrase of paragraph 1 should be amended to read : "Any aircraft conveying pilgrims returning from the Hedjaz and wishing to land in Egypt...".

Dr. EL-HALAWANI (Egypt) agreed to the suggested wording on the condition that the words "except as provided in Article 29 of the Regulations" were deleted.

Dr. RAJA agreed to the deletion of the words "except as provided in Article 29 of the Regulations", if the wording proposed by the delegate of New Zealand were to be adopted.

Mr. HASELGROVE (United Kingdom) considered that the reference to Article 29 should be retained, to cover the case of aircraft bound for Egypt but not carrying pilgrims wishing to enter that country.

Dr. EL-HALAWANI said that the Regulations contained no provision whereby measures could be taken against aircraft in the event of an epidemic in the Hedjaz itself. If the reference to Article 29

were retained, a provision, similar to the provision made for infected ships, should be added to ensure that, in the case of an epidemic in the Hedjaz, aircraft returning from the Hedjaz and landing in Egypt should first land at El Tor.

The CHAIRMAN explained the Egyptian thesis : any aircraft carrying pilgrims, whether they wished to land in Egypt or not, must, if bound for Egypt, first land at El Tor in order to make sure that no infected pilgrims were on board. The point was a reasonable one. If aircraft were not required to land at El Tor how could they be declared free from infection as described in Article 7?

Dr. MACLEAN suggested that paragraph 2 should read "No sanitary measures other than those provided for in the Regulations shall apply to other aircraft returning from the Hedjaz".

Mr. STOWMAN (United States of America) objected that the wording for the first part of paragraph 1 proposed by the delegate of New Zealand would be liable to hinder regular international airline services. He would agree, however, to the wording "Any aircraft conveying pilgrims returning from the Hedjaz and wishing to land pilgrims in Egypt..."

Dr. EL-HALAWANI said that the safeguard for which he was asking would not cause any interference with regular international airline services. He was not aware of any regular service connecting Egypt with the Hedjaz.

In reply to a question by Mr. KHANACHET (Saudi Arabia) on the status of El Tor, Dr. EL-HALAWANI explained that it was a national port applying international regulations.

The CHAIRMAN said that the right of Egypt to require aircraft carrying pilgrims to land at El Tor was already fully conceded by Article 27 of Annex B.

In order to clarify the discussion, Dr. MA'MOEN (Indonesia) described the usual procedure followed during the pilgrimage season in the case of pilgrims returning by air from the Hedjaz to Egypt : pilgrims were flown only by Egyptian aircraft ; one aircraft carried pilgrims to El Tor and returned to Jeddah, while another aircraft took pilgrims from El Tor to Egypt ; non-pilgrims were flown by special plane direct to Cairo.

After a further exchange of views, the CHAIRMAN read the wording of the Article as amended during the course of discussion :

1. Any aircraft conveying pilgrims returning from the Hedjaz and wishing to land pilgrims in Egypt, shall first call either at the sanitary station at El Tor, or at some other sanitary station appointed by the health administration for Egypt.
2. No sanitary measures other than those provided for in the Regulations shall apply to other aircraft returning from the Hedjaz.

*Decision:* Article 11, as amended, was adopted.

#### **Article 12 [A 12]**

The article remained as originally drafted (for text see page 272).

Dr. JAFAR (Pakistan) proposed that in Article 12 and throughout the Regulations the words "the Regulations" should be replaced by "these Regulations".

*Decision:* The proposal of the delegate of Pakistan was adopted.

#### **Articles 13 [A 13], 14 [A 14] and 15 [A 15]**

*Decision:* The articles, which remained as amended by the Sub-Committee on the Mecca Pilgrimage, were adopted without comment (for text see page 272).

#### **2. Review of Draft International Sanitary Regulations prepared by the Drafting Sub-Committee : Annex B — Standards of Hygiene on Pilgrim Ships and on Aircraft carrying Pilgrims**

The Special Committee proceeded to examine the revised draft of Annex B <sup>19</sup> prepared by the Drafting Sub-Committee.

#### **Articles 1 [B 1] to 7 [B 7]**

*Decision:* The articles were adopted without comment (for text see page 362).

#### **Article 8 [B 8]**

The text prepared by the Drafting Sub-Committee read :

Each State may apply to pilgrim ships embarking for the Hedjaz in its ports, requirements in excess of those prescribed in Articles 2 to 7 inclusive

<sup>19</sup> The numbers given to the articles in this annex are those of the draft as revised by the Sub-Committee on the Mecca Pilgrimage. (p. 273) The numbers appearing in square brackets in the headings are those of the final text (p. 362).

of this Annex, which prescribe minimum requirements, if the additional requirements conform with its national legislation.

Mr. HASELGROVE thought that the Special Committee had agreed that Article 8 be deleted and that a sentence be inserted somewhere in the main Regulations to the effect that Articles 2 to 7 of Annex B prescribed minimum and not maximum requirements.

The CHAIRMAN agreed. He thought that the required reference could best be inserted in Article 96, which might be amended to read :

In addition to these Regulations, Annexes A and B, which prescribe minimum requirements, shall apply to the Pilgrimage.

Dr. JAFAR was not sure that the deletion of Article 8 had been decided by vote. If not, its retention would be harmless and perhaps even useful since many persons concerned in applying the provisions of Annexes A and B would not take the trouble to read the main Regulations.

M. MASPÉTIOL (France) recalled that the committee had in fact decided to transfer the provisions of Article 8 to Article 96 of the main Regulations. Nevertheless, he thought that there was considerable point in the remarks of the delegate of Pakistan. He therefore proposed that an insertion on the lines suggested by the Chairman be made in Article 96 and that Article 8 of the Annex be retained at the same time. It might add something, both for the reason given by the delegate of Pakistan and because it laid down clearly that the provisions of Articles 2 to 7 had equal force for all Member States.

*Decision:* The proposal of the delegate of France was adopted.

#### **Article 9 [B 9]**

The article, which remained as adopted by the Sub-Committee on the Mecca Pilgrimage, was adopted without comment (for text see page 274).

#### **Articles 10 [B 10] to 13 [B 13]**

The articles were adopted without comment (for text see pages 363-4).

#### **Article 14 [B 14]**

The text of the article, which remained as drafted by the Sub-Committee on the Mecca Pilgrimage, read :

1. The document referred to in sub-paragraph (ii) of paragraph (1) of Article 13 of this Annex shall

be countersigned at each port of call by the health authority for that port, which shall enter on such document :

- (a) the number of pilgrims disembarked or embarked at that port ;
  - (b) anything that has happened at sea affecting the health of persons on board ;
  - (c) the sanitary conditions at the port of call.
2. If any such document is altered in any other manner during the voyage, the ship may be treated as infected.

The CHAIRMAN, supported by the delegation of France, thought that the word " other " in paragraph 2 should be deleted. The Drafting Sub-Committee had apparently considered that entries made under the provisions of paragraph 1 constituted an alteration of the document.

Dr. RAJA observed that paragraph 1 (b) suggested that it was the health authority for each port which was to make the entry in question. Surely that should be the task of the ship's surgeon. The sub-paragraph might be deleted and a new paragraph inserted providing that the health authority should be responsible for ensuring that anything that had happened at sea affecting the health of persons on board was entered on the document.

Dr. JAFAR thought it would be enough to delete the sub-paragraph ; there was no need to insert any new provisions. What happened at sea must in any case be entered on the document before putting in at the port. Actually, no entries at all were to be made during the voyage, since the document was merely completed by each health authority for the benefit of the next, and he therefore also supported the proposed deletion of the word " other " in paragraph 2.

*Decision:* It was agreed to remove sub-paragraph 1 (b) and to delete the word " other " in paragraph 2. Article 14 was remitted to the Drafting Sub-Committee.

#### **Articles 15 [B 15] to 19 [B 19]**

*Decision:* The articles were adopted without comment (for text see page 364).

#### **Article 20 [B 20]**

The article was discussed in connexion with Article 24 (see below).

#### **Articles 21 [B 21] to 23 [B 23]**

*Decision:* The articles were adopted without comment (for text see page 365).

#### **Articles 20 [B 20] and 24**

The articles remained as drafted by the Sub-Committee on the Mecca Pilgrimage (see page 275) except that the references to Article 13 were altered to correspond with the changed order of the sub-paragraphs of that article.

Dr. JAFAR, in answer to a question by the CHAIRMAN, said that he took it that the words " prophylactic measures " in Article 24 meant measures taken after the occurrence of a case of disease, for example inoculations.

Dr. RAJA thought that the measures in question should rather be entered in the record to be kept by the ship's surgeon under the provisions of paragraph 4 of Article 20. Since inoculation, if that was what " prophylactic measures " meant, was an occurrence relating to health, it seemed illogical that it should not be entered for the benefit of health authorities in the same record as other such occurrences.

The CHAIRMAN felt that, apart from such major events as death, the master of a ship should not be required to copy every detail from the surgeon's log into his own, since the former could be regarded as part and parcel of the latter.

Dr. JAFAR thought that, though Article 24 might perhaps provide for some duplication of work, it was necessary to retain a clause providing for the supervision of prophylactic measures by the person who was, after all, permanently responsible for the ship and for all that happened on board.

Dr. MACLEAN thought that Article 24 should not be retained unless the committee was absolutely certain of the meaning of " prophylactic measures ", which might well be taken to include, for example, latrine cleaning. If the interpretation of the delegate of Pakistan was correct, perhaps the words " after the occurrence of cases of disease " should be inserted after the word " taken ".

Dr. PADUA (Philippines) suggested that the word " prophylactic " be replaced by " preventive ".

The CHAIRMAN thought that the two words meant much the same. If the committee did not wish to delete Article 24, it might agree to replace " every prophylactic measure " by " any major health measures " or something to that effect.

Dr. EL-HALAWANI agreed with the delegate of India. Article 24 should be deleted and a reference to prophylactic measures should be inserted in paragraph 4 of Article 20.

Dr. MACLEAN formally proposed the deletion of Article 24. Paragraph 4 of Article 20, as it stood, was sufficient to ensure that the ship's surgeon entered all that was necessary in his records.

Mr. HASELGROVE agreed with the delegate of New Zealand.

He noticed that Article 24 was based on Article 125 of the International Sanitary Convention, 1926, where the word employed was "preventive". In reply to a question put by the delegate of India, he said that the 1926 Convention contained nothing corresponding to the detailed provisions of Article 20 and laid down the duties of the surgeon only in general terms.

*Decision:* It was agreed to delete Article 24.

Dr. JAFAR thought that, in view of the deletion of Article 24, the provisions of paragraph 4 of Article 20 should be strengthened.

Dr. DUJARRIC DE LA RIVIÈRE (France) wondered whether the surgeon's record had to be countersigned by the master. If so, the guarantee required by the delegate of Pakistan was already provided.

The CHAIRMAN, during his own period as a ship's surgeon, had had to present his records to the master of the ship every day. If the committee wished to make that practice obligatory on all

pilgrim ships, the words "which shall be countersigned by the master" might be inserted after the words "day-to-day record" in paragraph 4.

Dr. JAFAR insisted that some reference to preventive measures should be included in the paragraph.

Dr. MACLEAN thought that the record should be countersigned daily.

Mr. HASELGROVE thought that the words "He shall produce the record for inspection" should be replaced by "The record shall be produced for inspection", since it was not entirely certain who would produce the record.

*Decision:* The following text was adopted for paragraph 4 of Article 20, and remitted to the Drafting Sub-Committee:

The ship's surgeon shall keep a day-to-day record, countersigned daily by the master, of every occurrence relating to health, including preventive measures taken during the voyage and, if so requested by the health authority for any port of call or for the port of destination, the record shall be produced for inspection.

## **Articles 25 [B 24], 26 [B 25] and 27 [B 26]**

*Decision:*

- (1) The articles were adopted without comment (for text see Articles B 24, B 25 and B 26, page 365).
- (2) Annexes A and B were remitted to the Drafting Sub-Committee.

*The meeting rose at 2.10 p.m.*

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## **TWENTY-NINTH MEETING**

*Tuesday, 1 May 1951, at 9.30 a.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

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### **1. Review of Draft International Sanitary Regulations prepared by the Drafting Sub-Committee**

The Special Committee had before it the draft of the main body of the International Sanitary Regulations as prepared by the Drafting Sub-

Committee in accordance with the decisions taken at previous meetings.

On the proposal of the CHAIRMAN it was agreed to defer consideration of the Preamble until the revised articles had been examined.

**Article 1 [1]**

The following definitions, in which no change had been made, were confirmed by the committee (for text see pages 10 and 11) :

*aircraft*  
*airport*  
*baggage*  
*crew*  
*day*  
*epidemic*  
*health administration*  
*Organization*  
*pilgrim*  
*Pilgrimage*  
*relapsing fever*  
*sanitary station*  
*yellow-fever receptive area*

The following amended definitions were adopted by the committee without comment (for text see page 336) :

*health authority*  
*imported case*  
*infected person*  
*ship*

No observations were made on the deletion of "bateau" from the French text.

The definitions of "first case" and "epidemic disease" were adopted by the committee, subject to the substitution, in accordance with a decision taken at the twenty-sixth meeting (see page 177), of the word "quarantinable" for "epidemic" (for text see page 336).

The remaining definitions were read in the French alphabetical order and discussed as follows :

*"Arrival"*

The text prepared by the Drafting Sub-Committee read :

"Arrival" of a ship, an aircraft, a train or a road vehicle means :

- (a) in the case of a seagoing vessel, arrival at 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, as geographical conditions and agreements among the States concerned, under Article 98 or under the laws and regulations in force in the territory of entry, may determine ;
- (d) in the case of a train or road vehicle, arrival at a frontier post.

*Decision:* On the proposal of the CHAIRMAN it was agreed that "ship" should be substituted for "seagoing vessel" in paragraph (a).

*"Valid Certificate"*

The text remained as originally drafted (see page 11).

Dr. MACLEAN (New Zealand) said, and the committee agreed, that in view of the form of smallpox vaccination certificate adopted, reference to Appendix 4 should be deleted.

*"Local Area"*

The text prepared by the Drafting Sub-Committee read :

"Local area" means :

- (a) the smallest area within a territory, which may be a port or an airport, having a defined boundary and possessing a health organization which is able to apply the appropriate sanitary measures permitted or prescribed by these Regulations : the situation of such an area within a larger area which also possesses such a health organization shall not preclude the smaller area from being a local area for the purposes of these Regulations : or
- (b) an airport in connexion with which a direct transit area has been established.

Mr. STOWMAN (United States of America) thought there was some confusion over the use of the words "direct transit area" and proposed that paragraph (b) be deleted.

Mr. HASELGROVE (United Kingdom) thought the intention was to ensure that persons who had landed at an airport under direct transit conditions should not be considered as coming from the local area in which the direct transit area was situated.

The CHAIRMAN asked whether substitution of "which may be a port, airport or direct transit area" for "which may be a port or an airport" in paragraph (a) would meet the situation.

Dr. RAJA (India) suggested that a difficulty arose from the fact that a direct transit area was not likely to possess a health organization as prescribed in paragraph (a).

Dr. BELL (United States of America) stated that, if a direct transit area, as defined, provided for adequate segregation of transit passengers, paragraph (b) could remain. He therefore proposed that

decision on the definition of local area should be postponed until the committee had examined the definition of a direct transit area.

It was so agreed.

*" Infected Local Area "*

The text prepared by the Drafting Sub-Committee read :

*" Infected local area "* means :

- (a) a local area in which there is at least one of the cases of a foyer of plague, cholera, yellow fever or smallpox, or
- (b) a local area where there is an epidemic of typhus or relapsing fever, or
- (c) a local area where plague infection among rodents exists on land or on craft which are part of the equipment of a port ;
- (d) a local area or a group of local areas in which the existing conditions are those of a yellow-fever endemic zone.

Dr. BARRETT (United Kingdom) thought paragraph (a) should read " a local area where there is a foyer of yellow fever, plague, cholera or smallpox " as proposed by the working party on the definition of infected local area (see page 286).

Dr. BELL explained that the wording had been changed to cover the case when the foyer spread over two contiguous areas, for instance, when an imported case of disease occurred in a port and the next case in the local area in which the port was situated.

Dr. BARRETT said the working party's definition of " foyer " was an epidemiological definition and was not related to any particular local area. He thought it had been the definite opinion of the working party that where a foyer of plague, yellow fever or smallpox appeared in a local area, it should be declared an infected local area, and that the standard of the amount of infection should not be reduced below that.

Dr. RAJA proposed the retention of the working party's definition, which had been reached as a compromise after a lengthy discussion, and been endorsed by the Special Committee.

Dr. BELL said that in a large city such as London there might be, say, ten local areas. There might be ten cases of disease but under the working party's

definition, at least two would have to be in the same local area before any of the areas could be declared infected. He did not think that was the intention of the working party.

Dr. MACLEAN thought the word " territory " in the definition of " foyer " was too wide a term, as it would cover a single case occurring in each of two widely separated parts in certain large countries.

Dr. RAJA also thought the term too wide. " Territory " should be changed to " local area ".

Dr. BELL said the difficulty arose on account of the definition of " local area ". A local area should be an epidemiological unit.

If a case of smallpox or cholera occurred in a local area of a big city, the infection might easily spread to the whole city. Mode of transmission and risk of spread of infection varied with each disease so that, epidemiologically, the local area might be different for each disease. Since it was impossible, therefore, to arrive at an epidemiological definition for infected local area, he considered that the Drafting Sub-Committee's definition was the most satisfactory that could be achieved. He suggested that the definition of " foyer " should read " foyer means the occurrence of two cases in a local area or one case in each of two or more contiguous areas of an epidemic disease derived from an imported case : the first case of yellow fever..."

Dr. BARRETT considered that the revised definition of " infected local area " modified the substance of the definition proposed by the working party, which had been accepted by the Special Committee. He recalled that under Article 3, as originally drafted, a local area would be declared infected only if there was an epidemic of smallpox. It had been agreed to substitute foyer for epidemic in that case, but he did not think the committee should go further.

*Decision:* The definition of " infected local area " was adopted with the amendment proposed to paragraph (a).

*" Foyer "*

The text prepared by the Drafting Sub-Committee read :

*" Foyer "* means the occurrence in a territory of two cases of an epidemic disease derived from an imported case or one case derived from a non-imported case ; the first case of yellow fever trans-

mitted by *Aedes aegypti* shall be considered as a foyer.

*Decision:* In the light of the discussion on the definition of "infected local area" it was agreed to delete the words "in a territory" from the Drafting Sub-Committee's definition of "foyer" (see also page 198).

Dr. EL-HALAWANI (Egypt) thought that under the revised definition as drafted, a case transmitted by *Aedes* other than *Aedes aegypti* would not be considered a case of yellow fever.

The CHAIRMAN replied that for the purposes of the Regulations jungle yellow-fever was not considered as yellow fever.

#### "*Aedes aegypti* Index"

The text prepared by the Drafting Sub-Committee read :

"*Aedes aegypti* index" means the ratio, expressed as a percentage, between the total number of habitations in a given area and the number of habitations in that area in which breeding places of *Aedes aegypti* are found, every dwelling of a single family being considered as a habitation.

Dr. BELL thought that in order to conform with the decision of the Special Committee, the words "*Aedes aegypti* are found" should be "*Aedes aegypti* exist". If the index were based on the number of dwellings in which *Aedes aegypti* were found, it would give a false impression.

Dr. BIRAUD, Secretary, said there had been a lengthy discussion on the definition in the Drafting Sub-Committee which had considered Dr. Bell's proposal impracticable, since it was impossible to know exactly how many breeding places existed. Moreover, the revised definition indicated clearly that all dwellings in a given area were to be examined. He therefore thought that the revised definition, which corresponded with that of the Yellow-Fever Panel, should be adopted.

Dr. RAJA agreed that it would be necessary to base the calculations on the number of breeding places found.

Dr. BELL said he could agree to retention of the words "are found" if after "total number of habitations" the words "all of which have been examined" were added.

The CHAIRMAN thought the committee should suit its definition to current practice throughout the world in order not to falsify all existing *Aedes aegypti* indices.

He drew attention to the report of the Yellow-Fever Panel which read :

The experts defined the *A. aegypti* index as the percentage of dwellings in which larvae of *A. aegypti* are found breeding—a dwelling being any habitation occupied by a single family. Computation of the index is to be based on an examination of all dwellings in a port, city, or area.<sup>20</sup>

Dr. BJØRNSSON (Norway) suggesting that it was usual in stating a ratio for the denominator to follow the numerator, proposed the following text "*Aedes aegypti* index means the ratio expressed as a percentage between the number of habitations in an area in which breeding places of *Aedes aegypti* are found and the total number of habitations in that area, every dwelling of a single family being considered as a habitation".

In reply to Dr. DUJARRIC DE LA RIVIÈRE (France) who asked why the Special Committee did not adopt the definition of the Yellow-Fever Panel, the CHAIRMAN said that the words of the proposal of the delegate of Norway were almost identical.

Dr. RAJA supported by Dr. PADUA (Philippines) considered that where it would be impracticable to examine all habitations (as in the case of a large city or a large area) statistical methods of sampling could be used.

Dr. MACLEAN suggested the addition of the word "examined" after "total number of habitations".

The SECRETARY said that both the Yellow-Fever Panel and the Expert Committee on International Epidemiology and Quarantine had declared, after lengthy discussions, that it was essential for the index to be based on findings from all dwellings in a given area; sampling methods were not sufficiently thorough and would not encourage confidence in the results.

Mr. HASELGROVE agreed with the definition of the delegate of Norway but thought the word "examined" should not be added after "total number of habitations" as that would leave the authorities free to omit examination of some of the

<sup>20</sup> *World Hlth Org. techn. Rep. Ser.* 1950, 19, 5

houses in the area. In the case of an area too large to permit of the examination of all dwellings, the index could be calculated from the results obtained from all dwellings in a section of the area.

Dr. EL-HALAWANI said that it was usual in yellow-fever endemic zones for a special service to undertake the work continuously. Examination of all habitations was essential in order to obtain a proper index.

Dr. BELL proposed adding after "total number of habitations" in the Norwegian definition "all of which have been examined".

Dr. RAJA said that, if all habitations were to be examined, the words "of a limited well-defined area" should be added after "the number of habitations".

*Decision:* The definition was adopted in the following form:

"*Aedes aegypti* index" means the ratio, expressed as a percentage, between the number of habitations in a limited well-defined area in which breeding places of *Aedes aegypti* are found, and the total number of habitations in that area, all of which have been examined, every dwelling of a single family being considered as a habitation".

#### "Isolation"

The text remained as originally drafted (see page 11).

Dr. BELL was under the impression that during the earlier discussions an amendment which did not change the substance had been suggested to clarify the definition of isolation.

*Decision:* The following definition, proposed by the delegate of the United States, was adopted:

"Isolation", when applied to a person or group of persons, means the separation of that person or group of persons from other persons in such a manner as to prevent the spread of infection.

#### "Pilgrim Ship"

The text prepared by the Drafting Sub-Committee read:

"Pilgrim ship" means a ship:

- (a) which voyages to or from the Hedjaz during the season of the Pilgrimage, and
- (b) which carries pilgrims in a proportion of not less than one pilgrim per 100 tons gross.

Mr. HASELGROVE said that the Drafting Sub-Committee had changed the definition as a result of the addition of a definition of "season of the Pilgrimage".

The CHAIRMAN said that a question raised by Mr. KHANACHET (Saudi Arabia) concerning the season of the Pilgrimage, could be considered in connexion with the definition of the season.

#### "Season of the Pilgrimage"

The text prepared by the Drafting Sub-Committee read:

"Season of the Pilgrimage" means a period beginning four months before and ending three months after the day of the Haj.

Mr. KHANACHET said that the season of the Pilgrimage had been fixed, by the Sub-Committee on the Mecca Pilgrimage, as two months before and two months after the day of the Haj. If it were defined as a period of seven months Saudi Arabia would be in a difficult situation because of the incidence on international relations and economic life of the measures which had to be taken during the Pilgrimage season.

Mr. HASELGROVE pointed out that the definition was related to that of pilgrim ship and the period of seven months had been inserted in order to cover the whole time during which pilgrim ships would be voyaging to and from Jeddah. In the annexes relating to the Pilgrimage, the period was given as two months before and two months after the day of the Haj.

Mr. KHANACHET replied that the definition proposed would have repercussions on the application of the Regulations as a whole. Moreover, the control carried out on pilgrim ships also had repercussions on the economic life and the international relations of Saudi Arabia.

Dr. JAFAR (Pakistan) was strongly in favour of as short a period as possible. However, it must not be forgotten that some pilgrim ships going to Jeddah left more than two months before the day of the Haj.

Dr. MACLEAN suggested that the definition of "pilgrim ship" should read:

"Pilgrim ship" means a ship which carries pilgrims to or from the Hedjaz in a proportion of not less than one pilgrim per 100 tons gross;



and that the season of the Pilgrimage should be reduced to two months before and two months after the day of the Haj.

Mr. HASELGROVE did not think that would meet the case because it meant that any ship at any time of the year would be considered as a pilgrim ship. He drew attention to Annex A, Article 14, where, for the purpose of notifications, the period stipulated was two months before and two months after the date of the Haj.

*Decisions :*

(1) On the suggestion of the CHAIRMAN, it was agreed that the definition should read :

*"Season of the Pilgrimage"*, in relation to pilgrim ships, means a period beginning four months before and ending three months after the day of the Haj.

(2) As a result of the above decision, the definition of " pilgrim ship " remained unchanged.

*" Port "*

The text prepared by the Drafting Sub-Committee read :

*" Port "* means a seaport or an inland navigation port which is normally frequented by ships.

The definition was intended to replace the former definitions of " approved port ", " inland navigation port " and " seaport ".

Dr. MACLEAN thought that the new definition was too wide, particularly in view of the requirement in paragraph 2 of Article 12 (page 201), that every port be provided with a supply of pure drinking-water, and suggested that the original definition of " seaport " be retained for port.

Mr. HASELGROVE thought the delegate of New Zealand had overlooked the definition of a " ship ", which made it unnecessary to add further precisions.

The new definition was accepted.

*" Suspect "*

The definition prepared by the Drafting Sub-Committee read :

*" Suspect "* means a person who is considered by the health authority as having been exposed to the risk of infection by an epidemic disease.

As a result of a previous decision (see page 177) the word " quarantinable " was substituted for " epidemic ".

Dr. BELL said that the definition did not include the phrase " and is capable of spreading the infection " which had been adopted at the eighth meeting (see page 71). He then suggested that the words : " ... as having been exposed to infection by a quarantinable disease and is capable of spreading the disease " would be preferable.

Dr. DUJARRIC DE LA RIVIÈRE did not know how the health authority would decide whether or not a person was likely to transmit a disease.

The CHAIRMAN remarked that if a person had been inoculated against yellow fever he could be exposed to the infection but not be capable of spreading it.

Dr. DUJARRIC DE LA RIVIÈRE agreed, but thought that other instances would arise where the health authority's decision would not be so easily made.

Dr. RAJA proposed adding, after " quarantinable disease ", the words " and considered to be capable of spreading the disease ".

*Decision :* It was agreed that the definition be amended to read :

*" Suspect "* means a person who is considered by the health authority as having been exposed to infection by a quarantinable disease and is considered to be capable of spreading the disease.

*" Medical Examination "*

The text remained as originally drafted (see page 11).

Dr. BERGMAN (Sweden) recalled that during the discussion on the definitions at the twentieth meeting it had been decided either to make a special definition or to insert a provision in paragraph 1 of Article 94 regarding the inspection of the ship which must be carried out before granting a deratting exemption certificate (see page 138).

The CHAIRMAN replied that the provision would be included in Article 94.

*Decision :* The definition was accepted.

*" Yellow-Fever Endemic Zone "*

The text prepared by the Drafting Sub-Committee read :

*" Yellow-fever endemic zone "* means an area in which *Aedes aegypti* is present but is not obviously responsible for the maintenance of the virus which persists among jungle animals over long periods of time.

Dr. RAJA thought that it had been decided during the previous discussion to add the words "or any other vector of human yellow-fever" after "*Aëdes aegypti*"

Dr. JAFAR confirmed Dr. Raja's recollection and then suggested that in the definition of "foyer" should be incorporated the suggestion which had been made several times by the delegate of Egypt, i.e., the addition of the words "*Aëdes* mosquitos or other vectors".

Dr. BELL said that, as it had not been the committee's intention to refer to jungle yellow-fever—which sometimes occurred accidentally in humans and was transmitted by a mosquito—it would be better to say: "... in which *Aëdes aegypti* or any other vector of epidemic human yellow-fever is present..."

*Decision:* It was agreed to amend the definition as proposed by the delegate of the United States.

"Foyer" (continuation from page 194)

*Decision:* In consequence of the above amendment, it was agreed to amend the definition of "foyer" as follows: insert "human" after "first case of"; insert "or any other vector of epidemic human yellow-fever" after "*Aëdes aegypti*".

"Direct Transit Area"

The text remained as originally drafted (see page 10).

Dr. BELL thought that, if the definition were to have any value in the prevention of the spread of disease, the words "and segregating" should be inserted after "accommodating".

*Decision:* The above amendment was accepted

"International Voyage" and "Typhus"

Dr. MACLEAN asked why the definitions of "international voyage" and "typhus" had not been included in the revised definitions submitted by the Drafting Sub-Committee.

M. MASPÉTIOL (France), Chairman of the Juridical Sub-Committee, said that the Juridical Sub-Committee had on the previous day approved a definition of "international voyage" and sent it to the Drafting Sub-Committee.

Mr. HASELGROVE recalled that the Special Committee had decided to delete the definition of typhus.

Dr. BELL was opposed to the omission of the definition and thought it should be made clear that the Regulations referred only to louse-borne typhus.

Dr. RAJA also wished the definition to be retained.

*Decision:* It was agreed to retain the definition of "typhus" (see page 11).

"Authenticated"

In reply to the delegate of Belgium, the CHAIRMAN said that, in consequence of the decision to discard the machinery for authentication in connexion with vaccination certificates, the definition had been deleted.

## Article 2 [2]

The CHAIRMAN said that Article 2 now consisted of the original paragraph 1, paragraph 2 having been transferred to Article 10. He asked Mr. Hostie to explain why the change had been made.

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, said that the text sent to the Drafting Sub-Committee had referred exclusively to the Organization, not to States, and contained the substance of what was now Article 10 (see below). The former text of paragraph 2 of Article 2, which embodied the substance of Article 3 of the International Sanitary Convention, 1926, and the parallel article of the International Sanitary Convention for Aerial Navigation, 1933, referred primarily to communications from States to the Organization. There was an underlying question of substance to which the Drafting Sub-Committee wished to call attention.

The implication of Article 3 of the 1926 Convention had been that States, when notifying the Organization, must do so not only by telegram but by priority telegram, but that idea had been discarded. If the committee felt that priority telegrams were necessary, a provision to that effect should be re-inserted.

The committee agreed with the CHAIRMAN that certain notifications—those concerning cases of cholera, for instance—should be sent by priority telegram and that therefore the relevant provisions should be made.

*Decision:* It was agreed that the Drafting Sub-Committee be asked to prepare, for consideration by the Special Committee, a text for inclusion in Article 2.

### Article 3 [3]

The text prepared by the Drafting Sub-Committee read :

1. Each health administration shall notify the Organization by telegram within twenty-four hours of its being informed that a local area has become an infected local area.
2. The existence of the disease so notified shall be confirmed as soon as possible by laboratory methods, as far as local resources permit, and the result shall be sent immediately to the Organization by telegram.

Dr. BELL proposed the deletion of the word "local" from paragraph 2.

*Decision:* The article was adopted subject to the above amendment.

### Article 4 [4]

The text prepared by the Drafting Sub-Committee read :

1. Any notification required under paragraph 1 of Article 3, except in the case of rodent plague, shall be promptly supplemented by information as to the source and type of the disease, the number of cases and deaths, the conditions affecting the spread of the disease, and the prophylactic measures taken.
2. In the case of rodent plague, the notification required under paragraph 1 of Article 3 shall be supplemented by monthly reports on the occurrence.

Dr. BELL proposed that the word "occurrence" be deleted from paragraph 2 and replaced by: "number of rodents examined and the number found infected".

*Decision:* The article was adopted subject to the above amendment.

### Article 5 [5]

The text remained as originally drafted (see page 12), except that the words "paragraph 1 of" had been inserted before "Article 4" in paragraph 1, and, in paragraph 2, the word "vessels" had been replaced by "ships".

*Decision:* The article was adopted without comment, the words "epidemic diseases" being replaced by "quarantinable diseases".

### Article 6 [6]

The text prepared by the Drafting Sub-Committee read :

1. The health administration for a territory in which an infected local area is situated shall inform the Organization when that local area is free from infection.
2. An infected local area, other than a local area within a yellow-fever endemic zone, may be considered as free from infection when all measures of prophylaxis have been taken and maintained to prevent the recurrence of the disease or its spread to other areas, and when :

- (a) in the case of plague, cholera, smallpox, typhus and relapsing fever, a period of time equal to twice the incubation period of the disease, as hereinafter provided, has elapsed since the last case identified has died, recovered or been isolated, and infection from that disease has not occurred in any other local area in the vicinity, provided that, in the case of plague, if rodent plague is also present, the period determined under (c) of this paragraph has elapsed ;
- (b) in the case of yellow fever outside a yellow-fever endemic zone, three months have elapsed after the occurrence of the last diagnosed human case, or one month after the reduction of the *Aëdes aegypti* index to not more than one per cent ;
- (c) in the case of rodent plague, one month has elapsed after suppression of the epizootic.

Dr. DUJARRIC DE LA RIVIÈRE thought that "peut" should be replaced by "est" in the French text of paragraph 2.

The CHAIRMAN said that, following the decision to add a second paragraph to Article 63 (see page 114), it had been agreed to delete the words "other than a local area within a yellow-fever endemic zone" from paragraph 2, but the further revised text had not yet come from the Drafting Sub-Committee.

### Article 7 [7]

The text remained as originally drafted (see page 12), except for the substitution of "immediately" for "forthwith".

*Decision:* The article was adopted without comment.

### Article 8 [8]

The text prepared by the Drafting Sub-Committee read :

1. Each health administration shall notify the Organization of :

- (a) any change in its requirements as to vaccination for international travel ;
- (b) the measures which it has decided to apply to arrivals from an infected local area and the withdrawal of any such measures, indicating the date of application or withdrawal.

2. Any such notification shall be sent by telegram, and whenever possible in advance of any such change or of the application or withdrawal of any such measure.

3. Each health administration shall send to the Organization once a year, at a date to be fixed by the Organization, a recapitulation of its requirements as to vaccination for international travel.

*Decision:* The article was adopted without comment.

#### **New Article 8 (A) [9]**

The text prepared by the Drafting Sub-Committee read :

In addition to the notifications and information required under Articles 3 to 8 inclusive, each health administration shall send to the Organization weekly :

- (a) a report by telegram of the number of cases of epidemic disease and deaths therefrom during the previous week in each of its towns and cities adjacent to a port or airport ;
- (b) a report by airmail of the absence of such cases.

Mr. HASELGROVE said that, although the new article had been accepted previously, he wondered if it were really necessary for the weekly reports mentioned in sub-paragraph (a)—which would be more or less recapitulatory reports—to be sent by telegram, and if it would not be equally satisfactory if they were sent by airmail.

Mr. STOWMAN did not agree that the reports were recapitulatory and thought that they should be sent by telegram, as previously decided.

*Decision:* The article was adopted, subject to substitution of the word "quarantinable" for "epidemic", in accordance with the decision taken previously.

#### **Article 9 [10]**

The text prepared by the Drafting Sub-Committee read :

Any notification and information required under Articles 3 to 8 (A) inclusive shall also be sent, on

request, to any diplomatic mission or consulate established in the territory in which an infected local area is situated, the virus of yellow fever has been recognized or any change in the requirements as to vaccination has been made.

In reply to a comment by Dr. BELL that the article did not specify whether the information should be sent by the Organization or by States, the CHAIRMAN suggested the insertion of the words "by the health administration" after "shall also be sent".

*Decision:* The article was adopted subject to the above amendment.

#### **Article 10 [11]**

The text prepared by the Drafting Sub-Committee read :

The Organization shall send to all health administrations, as soon as possible and by the means appropriate to the circumstances, all epidemiological and other information which it has received under Articles 3 to 8 inclusive and paragraph (a) of Article 8 (A). In cases of urgency the communication shall be sent by telephone or telegram.

Mr. STOWMAN recalled that it had previously been agreed to add, after "and paragraph (a) of Article 8 (A)" the words "as well as the absence of returns required under Article 8 (A)".

Dr. BARRETT asked if the last sentence was necessary, as it was stated in the first sentence "and by the means appropriate to the circumstances". He accepted the CHAIRMAN's suggestion that the Drafting Sub-Committee be asked to consider the matter when preparing the new texts of Articles 2 and 10.

Dr. MACLEAN suggested that the point raised by the delegate of the United States could be covered by amending the phrase after "received" to read "under Articles 3 to 8 (A) inclusive".

*Decision:* It was agreed that the Drafting Sub-Committee be asked to take account of the foregoing suggestions when re-drafting the article.

#### **Article 11 (deleted article)**

No comments.

### Part III — Sanitary Organization, Methods and Procedure

Mr. HASELGROVE recalled the decision, taken at the twenty-sixth meeting after the preparation of the text by the Drafting Sub-Committee, to amend the heading of Part III to read "Sanitary Organization" (see page 177).

The amendment was confirmed.

#### Article 12

The text prepared by the Drafting Sub-Committee read :

1. Each health administration shall as far as practicable ensure that ports and airports in its territory shall have at their disposal an organization and equipment sufficient for the application of the measures provided for in these Regulations.

2. Every port and airport shall be provided with a supply of pure drinking-water.

3. Every airport shall also be provided with an effective system for the removal and safe disposal of excrement, refuse, waste water, condemned food, and other materials dangerous to health.

*Decision:* The article was adopted without comment.

#### Article 13

The text prepared by the Drafting Sub-Committee read :

There shall be available to as many of the ports in a territory as practicable an organized medical service with adequate staff, equipment and premises, and in particular facilities for the prompt isolation and care of infected persons, for disinfection, for bacteriological investigation, and for any other appropriate measure required by these Regulations.

*Decision:* The article was adopted without comment (see also thirtieth meeting, section 2).

#### Article 14

The text prepared by the Drafting Sub-Committee read :

The health authority for each port shall :

(a) take all practicable measures to keep rodents in the port installations to a negligible number ;

(b) make every effort to extend rat-proofing to the port installations.

Replying to a question by Dr. HEMMES (Netherlands) regarding the omission of a specification of the measures to be taken under sub-paragraph (a), the CHAIRMAN said the provision was intended merely to keep ports as free from rodents as possible.

*Decisions :*

(1) The article was adopted without amendment in the English text.

(2) In accordance with a suggestion by Dr. DUJARRIC DE LA RIVIÈRE "à l'épreuve du rat" in paragraph (b) French text, was changed to "à l'abri du rat", followed by the words "rat-proofing" in brackets.

#### Article 15

The text prepared by the Drafting Sub-Committee read :

1. Each health administration shall ensure that a sufficient number of ports in its territory shall have at their disposal adequate personnel competent to inspect ships for the issue of the Deratting Exemption Certificates referred to in Article 46, and the health administration shall approve such ports for that purpose.

2. The health administration shall designate a number of these approved ports, depending upon the volume and incidence of its international traffic, as having at their disposal the equipment and personnel necessary to derat ships for the issue also of the Deratting Certificates referred to in Article 46.

*Decision:* The article was adopted without comment.

#### Article 16

The text prepared by the Drafting Sub-Committee read :

As soon as it is practicable, and where it is necessary for the accommodation of direct transit traffic, airports shall be provided with direct transit areas.

*Decision:* The article was adopted without comment (see also thirtieth meeting, section 2).

*The meeting rose at 12 noon.*

## THIRTIETH MEETING

*Tuesday, 1 May 1951, at 3 p.m.**Chairman: Dr. M. T. MORGAN (United Kingdom)***1. Articles 75, 76 and 77 of the Draft International Sanitary Regulations : Proposals by the Delegations of the United Kingdom and the United States of America**

The Special Committee had before it two drafts for Articles 75, 76, and 77, one prepared by the delegation of the United Kingdom, the other by the delegation of the United States of America.

**Article 75 [83]**

The text proposed by the delegation of the United Kingdom read :

1. A person on an international journey who arrives from a local area which is not an infected local area may be required on arrival to produce a certificate of vaccination against smallpox ; if he cannot produce such a certificate when so required, he may be subjected to surveillance.
2. A person on an international journey who arrives within fourteen days of his departure from an infected local area and who, in the opinion of the health authority, is not sufficiently protected by vaccination or by a previous attack of smallpox may be required on arrival to submit, at the discretion of the health authority, either to vaccination, or to surveillance, or to vaccination followed by surveillance ; a person unwilling to be vaccinated may be isolated.
3. The period of surveillance or isolation, as appropriate, shall not in any case exceed fourteen days reckoned from the date of departure of the person from an infected local area or, if he has not left such an area, from the date of his departure on an international journey.

The text proposed by the delegation of the United States read :

1. Any State may require persons upon arrival from an international journey to possess a certificate of vaccination against smallpox. A person on such a journey who upon arrival does not possess such a required certificate may be vacci-

nated and promptly issued a certificate or, if he refuses vaccination, may be subjected to surveillance not to exceed fourteen days reckoned from the date of departure from the last port of call.

2. A person on an international journey who during the fourteen days prior to arrival has visited a smallpox infected local area and who in the opinion of the health authority is not sufficiently protected by vaccination or by a previous attack of smallpox may be required to submit at the discretion of the health authority to vaccination against smallpox, or to surveillance, or to vaccination followed by surveillance ; a person refusing vaccination may be isolated. A certificate of vaccination performed in due time to permit the development of immunity should be considered as evidence of protection.

The CHAIRMAN asked the delegate of the United States of America whether the draft prepared by his delegation differed in substance from that prepared by the delegation of the United Kingdom.

Dr. BELL (United States of America) thought that the two drafts were more or less parallel except that there was nothing in the United Kingdom draft corresponding to the last sentence of the second paragraph of that of his own delegation. Since both drafts left the application of the measures prescribed to the discretion of the health authority, the stipulation was perhaps necessary if vaccination certificates were not to come into disrepute.

Mr. HASELGROVE (United Kingdom) agreed that the main difference between the two drafts was that indicated by the delegate of the United States. Another difference was that the first paragraph of the United Kingdom draft contained no provision for the vaccination of persons not in possession of a certificate, but that was mainly a point of drafting, since it had been assumed that the health authority would vaccinate if necessary. His delegation had in

fact adhered more closely to the original wording of the article, but he saw no objection to the addition proposed by the delegation of the United States.

Dr. RAJA (India) thought that some form of words similar to the last sentence of the draft submitted by the United States delegation should be adopted. At the same time perhaps the period necessary for the development of immunity should be stated, as had been done in the case of the other five diseases.

Dr. JAFAR (Pakistan) agreed with the delegate of India, recalling that a proposal on the same lines made by his own delegation had been rejected at an earlier meeting. The words "in due time" were inadequate, and if the committee had in the first place laid down the period for the development of immunity in the case of smallpox as in the case of other diseases it might have avoided all the drafting and re-drafting to which Article 75 had been subjected.

*Decision:* It was agreed by 12 votes to 6 that the final draft of Article 75 should contain a provision on the lines of the last sentence of the United States draft for that article.

#### **Article 76 [84]**

The text proposed by the delegation of the United Kingdom read :

1. A ship or aircraft shall be regarded as infected if it has or has had a case of smallpox on board.
2. An infected ship or aircraft shall cease to be regarded as infected on completion to the satisfaction of the health authority of the port or airport of arrival of the measures prescribed in sub-paragraphs (b) and (c) of paragraph 1 of Article 77, but a ship shall be regarded as suspected for a period of fourteen days following the completion of such measures.

The text proposed by the delegation of the United States read :

1. A ship or aircraft shall be regarded as infected if a case of smallpox has occurred on board and it remains infected until all cases are removed and the measures prescribed in Article 77 have been effectively carried out.
2. Any other vessel or aircraft shall be considered as healthy even though suspect persons may be on board. Such suspects may be subjected on arrival to the measures provided in Article 77.

Dr. BELL observed that the only essential difference between the two drafts was that that prepared by

the United Kingdom delegation provided for a separate category of suspected ships, whereas the United States draft spoke of suspect persons on board a healthy ship.

Dr. RAJA preferred the United States draft except in one respect : the words "if a case of smallpox has occurred on board" should be replaced by the words "if it has or has had a case of smallpox on board", the wording employed in the United Kingdom draft.

Mr. HASELGROVE said that his delegation did not insist on the category of suspected ships and was agreeable that the final draft should refer only to suspect persons.

It was so agreed.

#### **Article 77 [85]**

The text proposed by the delegation of the United Kingdom read :

1. On arrival of an infected ship or aircraft, the following measures shall be applied by the health authority :

- (a) vaccination shall be offered to all persons on board who in the opinion of the health authority are not sufficiently protected against the disease ;
- (b) persons disembarking who in the opinion of the health authority are not sufficiently protected by vaccination or by a previous attack of smallpox may be required to submit to surveillance or isolation for a period of not more than fourteen days reckoned from the date of disembarkation ;
- (c) any baggage of any infected person, and any other article such as bedding which has been used and soiled linen and any part of the ship or aircraft which in the opinion of the health authority may be contaminated, shall be disinfected.

2. On completion of the measures prescribed in paragraph 1 of this Article to the satisfaction of the health authority, the ship or aircraft shall forthwith be given free pratique.

3. Free pratique shall not be withheld from a suspected ship, but persons disembarking who in the opinion of the health authority are not sufficiently protected by vaccination or by a previous attack of smallpox may be required to submit to surveillance for a period of not more than fourteen days reckoned from the date of disembarkation.

The text proposed by the delegation of the United States read :

1. Upon arrival of an infected ship or aircraft the following measures shall be taken by the health authority :
  - (a) infected persons shall be isolated ;
  - (b) suspect persons may be subjected to isolation or surveillance not exceeding fourteen days from last exposure to infection. Such persons shall be vaccinated if willing, particularly when vaccination will shorten the period of isolation or surveillance ;
  - (c) all other persons may be subjected to the measures provided for persons arriving from infected local areas in paragraph 2 of Article 75.
2. Baggage and other personal effects of any infected person and bedding and soiled linen which has been used by such person and any part of the vessel or aircraft which the health authority considers contaminated shall be disinfected.
3. A vessel or an aircraft shall cease to be regarded as infected when the provisions of Article 33 and the measures ordered by the health authority in accordance with paragraphs 1 and 2 of this Article have been carried out and shall thereupon be given pratique.

Dr. BELL, in reply to a remark by the CHAIRMAN that the United States draft did not provide for the offer of vaccination to all persons on board who seemed insufficiently protected against smallpox, said that his delegation had considered the point covered by the text proposed for Article 75. He saw no objection, however, to inserting a more specific provision.

He noted that the United Kingdom draft did not provide for the isolation of infected persons.

Mr. HASELGROVE said that the isolation of infected persons was provided under Article 33 of the Regulations.

Dr. BELL observed that the provisions of Article 33 were permissive ; isolation of infected persons should be mandatory so that disinfection could be carried out and the ship allowed to proceed.

*Decision:* The draft texts submitted by the delegations of the United Kingdom and the United States were remitted to the Drafting Sub-Committee.

## 2. Review of Draft International Sanitary Regulations prepared by the Drafting Sub-Committee

### Article 13 (continuation from page 201)

Mr. HASELGROVE proposed, to meet a point raised by the Netherlands delegation at the time when the United Kingdom draft for Article 13 had been submitted, that the words "for collection and examination of rodents for plague infection" be inserted after the word "investigation".

*Decision:* The proposal was adopted and Article 13 was remitted to the Drafting Sub-Committee.

### Article 16 (continuation from page 201)

Mr. HASELGROVE said, in reply to an observation by the delegate of India, that a provision for the mosquito-proofing of direct transit areas had been included in the new Article 17 (A).

*Decision:* Article 16 was adopted.

### Article 17

The text prepared by the Drafting Sub-Committee read :

1. Each health administration shall designate as sanitary airports a number of the airports in its territory, depending upon the volume of its international traffic.
2. Every such sanitary airport shall have at its disposal :
  - (a) an organized medical service with adequate staff, equipment, and premises ;
  - (b) facilities for the transport, isolation, and care of infected persons or suspects ;
  - (c) facilities for efficient disinfection and disinsecting, for the destruction of rodents, and for any other appropriate measure required by these Regulations ;
  - (d) a bacteriological laboratory, or facilities for dispatching suspected material to such a laboratory ;
  - (e) facilities for vaccination against cholera, yellow fever and smallpox.

*Decision:* The article was adopted without comment.

### New Article 17 (A)

The text prepared by the Drafting Sub-Committee read :

1. Every port situated within a yellow-fever endemic zone or a yellow-fever receptive area,



and the area within the perimeter of every airport so situated, shall be kept free from *Aedes aegypti* in their larval and adult stages.

2. Any direct transit area provided at any airport situated in a yellow-fever endemic zone or in a yellow-fever receptive area shall be mosquito-proof.

3. Every sanitary airport within a yellow-fever endemic zone :

(a) shall be provided with mosquito-proof dwellings and sick quarters for passengers, crews, and airport personnel ;

(b) shall be freed from mosquitos by systematically destroying them in their larval and adult stages within the perimeter of the airport, and within a protective area extending for a distance of four hundred metres around that perimeter.

4. For the purposes of this Article, the perimeter of an airport means a line enclosing the area containing the airport buildings, and any land or water used or intended to be used for the parking of aircraft, runways and landing.

The CHAIRMAN drew attention to the Drafting Sub-Committee's note to paragraph 4, which read :

The sub-committee draws attention to the observation presented by the Director-General to the effect that the inclusion within the perimeter of the runways means an enormous increase in the surface to be made free from *Aedes aegypti* without increase in safety, as aircraft travel over runways closed and therefore out of reach of any mosquito.

Dr. DUJARRIC DE LA RIVIÈRE (France) proposed the deletion of the words " runways and landing ".

Dr. BARRETT (United Kingdom) supported the proposal, pointing out that in the case of a two-mile runway, airport authorities would be required, if the words were retained, to keep five square miles free from *Aedes aegypti*.

Dr. RAJA (India) recalled that the words, which he was prepared to withdraw, had been inserted on the proposal of his delegation. He believed that the length of flight of a mosquito was about two miles. Probably the provision for keeping free of mosquitos a protective area extending for 400 metres around the perimeter would be sufficient even if that perimeter did not include runways and landing.

Dr. EL-HALAWANI (Egypt) gave details of the flight ranges of various species of mosquito. In the present case the distance provided for should be about one and a half miles, the flight range of tropical mosquitos.

After some further discussion, the CHAIRMAN pointed out that the question of the inclusion of the words " runways and landing " had been reopened by the withdrawal of the Indian proposal.

*Decision:* It was unanimously agreed to delete the words " runways and landing " and the new Article 17 (A) was remitted to the Drafting Sub-Committee.

### New Article 17 (B)

The text prepared by the Drafting Sub-Committee read :

1. Each health administration shall send to the Organization :

(a) a list of the ports in its territory approved under Article 15 for the issue of :

(i) Deratting Exemption Certificates only, and

(ii) Deratting Certificates and Deratting Exemption Certificates ;

(b) a list of the sanitary airports in its territory ;

(c) a list of the airports in its territory provided with direct transit areas.

2. The health administration shall notify to the Organization any change which may occur from time to time in the lists required by paragraph 1 of this Article.

3. The Organization shall send immediately to all health administrations the information received in accordance with this Article.

Dr. MACLEAN (New Zealand) proposed that the word " immediately " in paragraph 3 be replaced by " promptly " so that the Organization might be permitted at least to collect enough information to be worth sending out.

It was so agreed.

Dr. DUJARRIC DE LA RIVIÈRE recalled that the United Kingdom delegation had wished for a definition of " sanitary airport " in Part I of the Regulations. Admittedly " sanitary airport " was defined in Article 17, but a suitable definition in Part I might consist simply of a reference to that article.

On the CHAIRMAN's expressing the opinion that such a reference would not constitute a definition, he said that he would not press the proposal.

*Decision:* The new Article 17 (B) was remitted to the Drafting Sub-Committee.

### **Article 18 [22]**

The text prepared by the Drafting Sub-Committee read :

Wherever the volume of international traffic is sufficiently important and whenever epidemiological conditions so require, sanitary facilities for the application of the measures provided for in these Regulations shall be provided at frontier posts, on railway lines and roads and, where sanitary control over inland navigation vessels is carried out at the frontier, on inland waterways.

*Decision:* The article was adopted without comment.

### **Article 19 [25]**

The text prepared by the Drafting Sub-Committee read :

1. Disinfection, disinsecting, deratting and other sanitary operations shall be so carried out as :

(a) not to cause undue discomfort to, nor to be injurious to the health of persons on board ;

(b) not to produce any deleterious effect on the structure of the ship, aircraft, or vehicle or on its operating equipment ;

(c) to avoid all risk of fire.

2. In carrying out such operations on goods, baggage, and other articles, every precaution shall be taken to avoid any damage.

Dr. MACLEAN recalled that since preparation of the Drafting Sub-Committee's text, it had been agreed to transfer Articles 19 and 20 to Part IV (see minutes of the twenty-seventh meeting, page 184), and Mr. HASELGROVE recalled that the heading of Part IV had also been changed.

The CHAIRMAN thought that in sub-paragraph 1 (a) of Article 19 the words " on board ", for which, incidentally, there was no equivalent in the French text, should be deleted, as persons on the quay might also be subject to discomfort or injury through the operations in question.

It was so agreed.

An objection raised by the delegate of India to the wording of sub-paragraph 1 (a) led to a discussion.

#### *Decisions :*

(1) Sub-paragraph 1 (a) was reworded as follows :  
" not to cause undue discomfort to persons nor injury to their health ".

(2) Article 19 was remitted to the Drafting Sub-Committee.

### **Article 20 [26]**

The text prepared by the Drafting Sub-Committee read :

1. A health authority shall, when so requested, issue free of charge to the carrier a certificate specifying the measures applied to the ship, aircraft, railway carriage, wagon, or road vehicle, the parts thereof treated, the methods employed, and the reasons why the measures have been applied. In the case of an aircraft this information shall instead be entered, on request, in the General Declaration.

2. Similarly, a health authority shall, when so requested, issue free of charge :

(a) to any traveller a certificate specifying the date of his arrival or departure and the measures applied to him and his baggage ;

(b) to the consigner, the consignee and the carrier, or their respective agents, a certificate specifying the measures applied to the goods.

*Decision:* The article was adopted.

### **Article 21 [23]**

Consideration of Article 21 and of a new Article 21 (A) on the protection of isolated communities was deferred pending the submission of a report by the Drafting Sub-Committee. (See thirty-third meeting, page 224).

### **Article 22 [24]**

Consideration of the article was deferred pending the submission of the report of the Juridical Sub-Committee. (See thirty-first meeting, page 209).

### **Article 23 [27]**

The text prepared by the Drafting Sub-Committee read :

A person under surveillance shall not be isolated and shall be permitted to move about freely. The health authority may require him to report to it,

if necessary, at specified intervals during the period of surveillance. Except as limited by the provision of Article 62, the health authority may also subject such a person to medical investigation and make any inquiries which are necessary for ascertaining his state of health. When a person under surveillance departs for another place, within or without the same territory, he shall inform the health authority, which shall immediately notify the health authority for the place to which the person is proceeding. On arrival the person shall report to that health authority.

Dr. MACLEAN thought that the last sentence of Article 23 was too vague: the words "and that health authority may similarly require the person to report to it at specified intervals and to submit to medical investigation or inquiry" should be added.

Mr. STOWMAN (United States of America) thought that the words "which may continue the surveillance" would be sufficient.

Dr. MACLEAN did not think that the notion of surveillance included medical investigations and inquiries.

Dr. EL-HALAWANI thought that the reference to Article 62 in the third sentence of Article 23 precluded medical investigation in the case of one of the most dangerous of all epidemic diseases.

The CHAIRMAN suggested that the delegation of Egypt bring up the question during discussion of Article 62.

*Decision:* Article 23 was remitted to the Drafting Sub-Committee for incorporation of the New Zealand suggestion.

#### **Article 24 [28]**

Consideration of the article was deferred. (See thirty-third meeting, page 226.)

#### **Article 25 [30]**

The text prepared by the Drafting Sub-Committee read:

1. The health authority for a port or an airport or for the local area in which a frontier post is situated may, when it considers it necessary, medically examine any person before his departure on an international journey. The time and place

of this examination shall be arranged to take into account the customs examination and other formalities, so as to avoid delay.

2. The health authority referred to in paragraph 1 of this Article shall take all practicable measures:

(a) to prevent the departure of any infected person or suspect;

(b) to prevent the introduction on board a ship, aircraft, train or road vehicle of possible agents of infection of any epidemic disease and vectors of any such disease.

3. Notwithstanding the provisions of sub-paragraph (a) of paragraph 2 of this Article, a person on an international voyage who on arrival is placed under surveillance may be allowed to continue his journey. If he is doing so by air, the health authority for the airport shall record the fact on the General Declaration.

Dr. BELL explained that under existing legislation the United States health authorities were not empowered to impose all the measures stipulated in the article. A request would, however, be made for the enactment of the necessary legislation.

*Decision:* Article 25 was adopted.

#### **Article 26 [31]**

The text prepared by the Drafting Sub-Committee read:

No matter capable of producing a communicable disease shall be thrown or allowed to fall from an aircraft when it is in flight.

At the suggestion of M. MASPÉTIOL (France) the words "laisser choir" in the French text were replaced by "laisser tomber".

Article 26 was adopted. During discussion of Article 28 (see below), it was agreed to add a second paragraph to Article 26 as follows:

A health authority may take all practical measures to control the discharge of refuse and sewage which might contaminate the waters of the canal or waterway.

#### **Article 27 [32]**

*Decision:* Article 27, which remained as originally drafted, was adopted without comment.

**Article 28 [33]**

The text prepared by the Drafting Sub-Committee read :

1. No sanitary measure, other than medical examination, shall be applied to a healthy ship, as specified in Part V, which passes through a maritime canal or waterway in the territory of a State on its way to a port in the territory of another State unless such ship comes from an infected local area or has on board any person coming from an infected local area, within the incubation period of the disease with which the local area is infected.

2. The only measures which may be applied to such a ship coming from such an area or having such a person on board are :

(a) the stationing on board, if necessary, of a sanitary guard to prevent all unauthorized contact between the ship and the shore ;

(b) the prohibition of the discharge of refuse and sewage which might contaminate the waters of the canal or waterway.

3. A health authority shall permit any such ship to take on, under its control, fuel, water and stores.

4. An infected or suspected ship which passes through a maritime canal or waterway may be treated by the health authority for the maritime canal or waterway as if it were calling at a port in the same territory.

Dr. BELL pointed out that sub-paragraph (b) had been wrongly incorporated in paragraph 2. The right to prohibit the discharge of refuse and sewage was not dependent on the place from which a ship came or by the presence of certain persons on board. He proposed that sub-paragraph (b) be deleted and the matter be covered in a separate paragraph in the article.

Mr. HASELGROVE raised a technical point in connexion with the word "prohibition" in sub-paragraph (b). He had sought technical advice as to how far it was possible to prohibit the discharge of refuse and sewage from a ship, and understood that it was not generally practicable, even in the case of ships fitted with sanitary tanks. He proposed that "prohibition" should be replaced by : "control as far as practicable".

Dr. BELL agreed to the United Kingdom proposal.

After a further exchange of views, agreement was reached on the following wording :

A health authority may take all practical measures to control the discharge of refuse and sewage which might contaminate the waters of the canal or waterway.

It was further agreed that the clause would be more appropriately placed as a second paragraph to Article 26.

*Decision:* Article 28, as amended, was adopted. (See also page 221.)

**Article 29 [34]**

The text prepared by the Drafting Sub-Committee read :

Notwithstanding any provision to the contrary in these Regulations, excepting Article 67 (A), no sanitary measure, other than medical examination, shall be applied to :

(a) passengers and crew on board a healthy ship from which they do not disembark ;

(b) passengers and crew from a healthy aircraft who are in transit through a territory and who remain in a direct transit area of an airport of that territory, or, if the airport is not yet provided with such an area, who submit to the measures for segregation prescribed by the health authority in order to prevent the spread of disease. If such persons are obliged to leave the airport at which they arrive solely in order to continue their journey from another airport in the vicinity of the first airport, no such measure shall be applied to them if the transfer is made under the control of the health authority or authorities.

M. GEERAERTS (Belgium), referred to the doubts expressed during a discussion of Article 67 (A) in the Drafting Sub-Committee as to whether the Special Committee had intended to use the term "isolation" or "segregation". Which term did the Special Committee wish to use ?

The CHAIRMAN thought that "segregation" would be more appropriate in Article 29, since the persons referred to were not sick.

Dr. RAJA thought that segregation and isolation had a similar meaning under the definition of the latter word approved at the previous meeting. Segregation in Article 29 was for the purpose of protecting a country against any possible introduction of infection.

Dr. BARRETT mentioned another point in favour of the word "segregation". Persons in a direct transit area were segregated, not so much from the inhabitants of a country but from other passenger loads going to other countries.

On a vote being taken, it was agreed to retain the word "segregation" in Article 29.

*Decision:* Article 29 was adopted.

#### **New Article 30 [35]**

The text prepared by the Drafting Sub-Committee read :

Whenever practicable States shall authorize granting of pratique by radio to a ship or an aircraft when, on the basis of information received from it prior to its arrival, the health authority for the intended port or airport of arrival is of the opinion that its arrival will not result in the introduction or spread of an epidemic disease.

*Decision:* The article was adopted without comment.

#### **Articles 30 and 32 [36]**

The text prepared by the Drafting Sub-Committee read :

1. The health authority for a port, airport or frontier station may subject to medical examination on arrival any ship, aircraft, train, or road vehicle, as well as any person on an international journey.

2. The further sanitary measures which may be applied to the ship, aircraft, train, or road vehicle shall be determined by the conditions on board which existed during the voyage or which exist at the time of the medical examination, without prejudice, however, to the measures which are permitted by these Regulations to be applied to the ship, aircraft, train or road vehicle arriving from an infected local area.

*Decision:* The article was adopted.

#### **New Article 32 [37]**

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, replying to requests for clarification from a number of delegations, explained that the text before the committee was inexact. He read out the correct wording :

The application of the measures provided in Part V which depend on a ship, aircraft, persons or articles having arrived from an infected local area, shall be limited to arrivals from that area, provided that the health authority for the infected local area is taking all measures necessary for checking the spread of the disease and is applying the measures provided for in paragraph 2 of Article 25.

Further discussion was postponed pending the circulation of the correct text.

*The meeting rose at 5.15 p.m.*

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### THIRTY-FIRST MEETING

*Wednesday, 2 May 1951, at 9.30 a.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

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#### **1. Report of the Juridical Sub-Committee**

M. MASPÉTIOL (France), Chairman of the Juridical Sub-Committee, presenting the report of that sub-committee (reproduced on page 276), explained how it had discharged its double task of revising generally the provisions of Parts IX and X and

considering certain special problems which had been referred to it.

With regard to Article 99, the sub-committee had been able, thanks to the co-operation of the delegations of Chile and the United States, to determine which provisions of the Pan American Sanitary Code would be abrogated.

With regard to Article 100, the period of nine months for rejections or reservations provided for in the Regulations was found to be insufficient, and the Juridical Sub-Committee had accepted a proposal by the delegation of the United Kingdom to extend that period to one year. A proposal to fix the period at 18 months had not been adopted.

It was in connexion with Article 101 that the sub-committee had made the most far-reaching legal modifications. That article raised the very difficult problem of reservations, in regard to which WHO had little experience. The sub-committee considered the text of Article 101, in the draft Regulations, inadequate. It had prepared a text which, in its opinion, was clearer and would enable due account to be taken of the effect of the reservations on other States parties to the Regulations.

In connexion with Article 102 the question of the application of the Regulations to non-metropolitan territories had been examined. The Juridical Sub-Committee had found that two situations could occur: no difficulty arose in the case of a State refusing to apply the Regulations to all or part of its non-metropolitan territory; States wishing to apply the Regulations to such territories, but unable to do so within the stipulated period, should however be able to inform the Organization without the notification being treated as a reservation, with the legal effects involved.

The sub-committee, in its draft resolution on the subject, had indicated the difference between true reservations and the declaration by a State that it was not in a position to give an immediate decision on the application of the Regulations to its non-metropolitan territory.

Article 104, regarding the application of the Regulations by non-Member States, had led the sub-committee to consider closely the situation of Members wishing to denounce their participation in the Regulations. The sub-committee had thought that it was not competent to deal with the question, which entailed interpretation of the Constitution of WHO.

Article 107 had been revised by the sub-committee in the light of the decisions adopted by the Special Committee. With regard to paragraph 3, the disputes to which the application of the Regulations might give rise differed considerably. Technical disputes could probably be settled within the Organization itself. In the case of international disputes between two or more States, neither the Special Committee, nor even the World Health Assembly, was, however, able to interfere with the jurisdiction of the International Court of Justice which resulted

from the accession of States to the compulsory competence clause of that authority.

The sub-committee agreed that any State might refer a dispute to the International Court of Justice and endorsed the view, accepted in the United Nations, that the specialized agencies should, when preparing a treaty or regulations, provide for the competence clause.

The delegate of Egypt had expressed the opposite view.

The sub-committee had considered the desirability of stating that the competence of the Court would be limited to legal disputes. It appeared after discussion that too precise a statement to that effect would be open to objection and had no practical importance owing to the words "interpretation or application".

Of the other points referred to the Juridical Sub-Committee, the definition of the expression "international voyage" had been difficult since the definition adopted had to satisfy two considerations: it had to be sufficiently precise for use in the application of the Regulations, and it had to take account of the differences in the constitutions of the various States.

After prolonged discussions the Juridical Sub-Committee had reached unanimous agreement on a text proposed by the delegation of the United Kingdom, which represented a compromise solution. In view of that definition the sub-committee had thought it unnecessary to make any further statements in regard to Article 75 of the Regulations, which had been referred to it.

As to Article 95, concerning discrimination by one State to the prejudice of another State in applying the Regulations, the Juridical Sub-Committee, while recognizing the concern which had inspired the article as well-founded, had considered the article in its present form, or as amended, might give rise to serious difficulties and even disputes. It therefore proposed that Article 95 should be deleted and Article 22 modified or amplified.

The report of the Juridical Sub-Committee was read section by section.

#### *Sections 1 to 3.1.2*

Dr. VAN DEN BERG (Netherlands) said his delegation did not agree with the majority view of the Judicial Sub-Committee on the so-called colonial clause, in section 3.1.2, believing that acceptance of the proposal would not be in the interests of international health and might adversely affect the operation of the Regulations and harm the prestige of the World Health Assembly as an international legislative body.

His delegation preferred to include in the Regulations an article similar to Article 22 of WHO Regulations No. 1,<sup>21</sup> for the following reasons :

By accepting WHO Regulations No. 1, each Member State was obliged, under Article 22 of those Regulations, to bring them to the notice of the governments of the territories for whose international relations it was responsible : that obligation would not exist in respect of the present Regulations if the Juridical Sub-Committee's proposals were adopted.

Secondly, the sub-committee's proposals provided that a State responsible for non-metropolitan territories could make a kind of reservation. That situation might encourage reservations by other States. Although it was held that a declaration on the lines suggested would not be considered as a reservation, it was nevertheless similar to one, and he believed that all members of the Special Committee were agreed that there should be as few reservations as possible.

Thirdly, his delegation thought that a precedent established for one set of regulations should not be discontinued unless absolutely necessary.

He recalled that Article 22 of Regulations No. 1 had been drawn up by a special legal committee whose membership had included many distinguished experts in international law. It was now held that the Article 22 of Regulations No. 1 was not in conformity with the WHO Constitution, but he did not agree.

Therefore, in the interests of international health and the prestige of the World Health Assembly, and to avoid unnecessary reservations, he formally proposed the inclusion, in WHO Regulations No. 2, of an article similar to Article 22 of WHO Regulations No. 1.

Miss GUTTERIDGE (United Kingdom) seconding the proposal of the delegate of the Netherlands, said there appeared to be no legal reasons why such a provision should not be included in the present Regulations, and many advantages in having the position clearly stated.

<sup>21</sup> *Off. Rec. World Hlth Org.* 13, 352. The article reads as follows :

Each Member to which the present Regulations apply shall bring them to the notice of the Governments of the territories for whose international relations it is responsible, and may at any time notify the Director-General of the Organization that the Regulations shall extend to any or all of such territories with or without reservations. Each Member may withdraw the whole or any part of such reservations at any time by notifying the Director-General.

The United Kingdom delegation appreciated the efforts which the Juridical Sub-Committee had made, in drafting the resolution (see appendix 2 to the report), to understand the constitutional difficulties of the United Kingdom and the fact that, as it was the practice of that country not to accede to any international instrument on behalf of its colonial territories without consulting the governments concerned, it had no guarantee that the necessary consultations with those governments could be completed within the period specified in the Regulations for rejections or reservations.

The United Kingdom delegation still felt, however, that the most satisfactory solution would be to include in the Regulations an article identical with Article 22 of WHO Regulations No. 1.

Mr. BEVANS (United States of America) referring to the alternative solution of an addition to Article 100 (section 3.1.2 of the report), said that the time element had been the main consideration for that suggestion. The 18 months' period was an arbitrary one, but it would give the time desired, which would be the only basic reason for including a colonial clause in the present Regulations.

He did not agree with the delegate of the Netherlands with regard to WHO Regulations No. 1 as a precedent for the present Regulations, because the former included some provisions which had not their counterpart in the draft Regulations No. 2.

The provisions in Articles 3, 6 and 16 were among the most important of Regulations No. 1 and in preparing them the drafters had clearly recognized the need for a clear distinction between a metropolitan territory and colonial territories, protectorates and other outlying possessions.

In examining the present draft Regulations, the Juridical Sub-Committee had taken account of Article 22 of the WHO Constitution, which clearly required a State to take action if it did not wish to be bound by the Regulations. On the other hand, the provision of Article 22 of WHO Regulations No. 1, with respect to overseas territories, amounted in itself to a reservation to Article 22 of the WHO Constitution.

He thought there was no reason to fear that reservations would be encouraged by the proposed resolution. To give a State an opportunity of declaring that it must limit the application of the Regulations would not be considered a true reservation under international law.

Commenting further on Article 22 of WHO Regulations No. 1, Mr. Bevans agreed with the delegate of the Netherlands that the proposed resolution on reservations did not require Member States to bring the Regulations to the notice of their colonies, but said that an earlier amendment considered in the Drafting Sub-Committee did so require. He added that, as a State would know that its colonies would be bound unless it took some action, it could be assumed that it would do so.

A vote was taken on the proposal of the delegate of the Netherlands that an article similar to Article 22 of WHO Regulations No. 1 be included in the draft Regulations.

*Decision:* The proposal was rejected by 9 votes to 6.

A vote was taken on the draft resolution in appendix 2 of the report of the Juridical Sub-Committee.

*Decision:* The resolution was adopted by 19 votes to none.

#### *Sections 3.1.3 and 3.1.4*

There were no observations

#### *Appendix 1: Revised Draft of Parts IX and X*

##### *Articles 99 to 103*

There were no observations.

##### *Article 104*

Dr. RAJA (India) proposed that paragraph 4 be deleted. If the right of withdrawal from participation in the Regulations could not be given to Member States, it should be withheld from non-Member States.

According to section 3.1.3 of the report, a question of interpretation of the WHO Constitution was involved, and presumably a State could continue to be a Member of the Organization but not participate in the Regulations. It would be better to realize that nothing would be gained by trying to persuade a State to become a party to the Regulations against its wishes. It was better to recognize the right of a Member State to withdraw at any time if it were unwilling to work with other Members: fewer reservations would result than would be the case if no provisions were made for withdrawal. If paragraph 4 were deleted, Member States and non-Member States would be on an equal footing and the operation of the Regulations would not be materially affected.

M. MASPÉTIOL said that, whereas the delegate of India's proposal was merely for the deletion of paragraph 4, the views which he had expressed covered a much wider field. In that connexion, he referred him again to the preliminary observations in the Juridical Sub-Committee's report, namely, that interpretation of the WHO Constitution was involved and that neither the Special Committee nor the Health Assembly could give a definite opinion on that problem: discussion should therefore be limited to the proposal to delete paragraph 4.

The sub-committee had retained the paragraph with full knowledge of Dr. Raja's views, in the belief that it was better to make it easier for non-Member States to participate in the Regulations by providing for withdrawal. In order to show that from the legal point of view there was a difference between the two groups, different terms had been used to define the relative positions of Member and non-Member States.

Dr. RAJA said that the present membership of the Organization was so wide that the small number of non-Member States likely to participate in them would not affect the operation of the Regulations to any great extent.

A vote was taken on the proposal to delete paragraph 4 of Article 104.

*Decision:* The proposal was rejected by 9 votes to 3.

*Articles 105 to 108 — no observations.*

##### *Article 108bis*

The CHAIRMAN suggested that, as the provision of Article 108bis was covered by the WHO Constitution, the article was not necessary.

Mr. BEVANS said that, although the article did not change or add anything, it might be wise to retain it, so as to make it clear to those who had to operate the Regulations that both languages had equal weight.

##### *Articles 109 to 110*

There were no observations.

#### *Item 6 and Appendix 3: Draft Resolution concerning the Establishment of Committees to deal with the Application of the International Sanitary Regulations*

Mr. STOWMAN (United States of America) thought that when the draft resolution had been considered



by the Special Committee at its twenty-sixth meeting (see page 180), paragraph 2 had been amended to read "That the Executive Board be requested to constitute the appropriate committee or committees and entrust to them the following duties..." Since the Health Assembly would have to give instructions to the Executive Board to constitute such committees, it would avoid the necessity for an additional resolution if the procedure were incorporated into the draft resolution under discussion.

Dr. RAJA thought that the Special Committee had decided not to adopt the proposed amendment after the delegate for South Africa had opposed it on the grounds that the committees might be constituted either by the Executive Board or by the Health Assembly itself.

M. GEERAERTS (Belgium) was not sure how far such committees would be governed by the Regulations for Expert Advisory Panels and Committees. The revised text for such regulations, which was to be submitted to the Fourth World Health Assembly, laid down that the members of expert advisory panels and committees were to be chosen and appointed by the Director-General.

Miss GUTTERIDGE said that her notes of the discussion did not bear out Mr. Stowman's contention.

Mr. STOWMAN said he did not wish to press the proposal.

He suggested that paragraph 3 (1) might be clearer if "special questions relating to" were substituted for "such subjects as".

#### *Decisions:*

- (1) The amendment to paragraph 3 (1) proposed by the delegate of the United States was adopted.
- (2) Thus amended, the draft resolution concerning the establishment of committees to deal with the application of the International Sanitary Regulations was adopted unanimously.

#### *Section 4: Article 95*

Mr. HASELGROVE (United Kingdom) asked what difficulties had led the Juridical Sub-Committee to abandon the wording of Article 95 which the revised draft of Article 22 was to replace. The revised Article 22 appeared to be more restrictive in that, while Article 95 spoke of carrying out

the provisions of the Regulations without discrimination, Article 22 laid down that sanitary measures and health formalities were to be applied without discrimination.

M. MASPÉTIOL said that a lengthy discussion had taken place in the Juridical Sub-Committee. It had been suggested to substitute in the French text "distinction non justifiée par les conditions sanitaires" for "distinction non justifiée". On the proposal of the delegate of India it had been decided not to retain Article 95. The concept of non-discrimination in that article was, however, useful and it had been decided to introduce it in Article 22 since that article followed Article 21 containing the important principle that the measures prescribed in the Regulations constituted a maximum.

Dr. RAJA confirmed that the Juridical Sub-Committee had felt that the application of Article 95 might invite unnecessary action on the part of States declaring that they had been subjected to discrimination. The question of charges was fully covered in Article 94 and while, therefore, the principle of non-discrimination should be incorporated in the Regulations, it should not be given undue prominence as was the case in Article 95. Article 22 as drafted ensured that other measures such as sanitary measures would also be governed by the stipulation that no discrimination should be exercised. If, however, the wording of Article 95 were to be retained, it should be made the subject of a separate sentence.

Mr. HASELGROVE felt that the explanation of the Chairman of the Juridical Sub-Committee did not cover his point. He proposed the following text: "Sanitary measures and health formalities shall be initiated forthwith, and completed without any delay, and the provisions of these Regulations applied without discrimination".

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, thought there would be no harm in a repetition of the provisions of Article 94. He was, however, of the opinion that, apart from charges, which were covered by that article, no discrimination could occur except in the application of sanitary measures or in formalities. It was therefore unimportant whether the words "the provisions of these Regulations" were added or not.

Mr. HASELGROVE said that in view of Mr. Hostie's explanation he would not pursue the matter.

*Decision:* Article 22 was adopted as drafted by the Juridical Sub-Committee, subject to deletion of the word "any".

#### *Section 5: Definition of "International Voyage"*

There were no observations.

The CHAIRMAN thanked the Chairman and members of the Juridical Sub-Committee for their excellent report.

#### **2. Review of Draft International Sanitary Regulations prepared by the Drafting Sub-Committee** (continuation from thirtieth meeting)

##### **New Article 32 [37]**

The text prepared by the Drafting Sub-Committee read :

The application of the measures provided for in Part V, which depend on a ship, an aircraft, persons or articles having arrived from an infected local area, shall be limited to arrivals from that area, provided that the health authority for the infected local area is taking all measures necessary for checking the spread of the disease and is applying the measures provided for in paragraph 2 of Article 25.

*Decision:* The article was adopted subject to the addition of "those of" before "the measures" and deletion of the comma after "Part V".

##### **Article 33 [38]**

The article remained as originally drafted, except that the word "ship" was substituted for "vessel".

*Decision:* The article was adopted without comment.

##### **Article 34 [39]**

The article remained as originally drafted.

The CHAIRMAN said that certain of the references to other articles in paragraph 2 would require modification.

Dr. MACLEAN (New Zealand) drew attention to the new provisions regarding isolation in case of cholera included in paragraph 3 of Article 54 (see

minutes of twenty-fourth meeting, page 163), which should be mentioned in Article 34.

*Decision:* Article 34 was referred to the Drafting Sub-Committee for the necessary adjustments.

##### **Article 35 [40]**

The text prepared by the Drafting Sub-Committee read :

Except as provided under paragraph 2 of Article 71, any sanitary measure other than medical examination, which has been applied at a previous port or airport, shall not be repeated at a subsequent port or airport, unless :

- (a) after the departure of the ship or aircraft from the port or airport where the measures were applied, an incident of epidemiological significance calling for a further application of any of such measures has occurred either in that port or airport or on board the ship or aircraft ; or
- (b) the health authority for the subsequent port or airport has ascertained on the basis of definite evidence that any individual measure so applied was not substantially effected.

In reply to a question by the CHAIRMAN, Dr. DUJARRIC DE LA RIVIÈRE (France) said he accepted the article as drafted, although he considered it extremely dangerous.

There were no other observations.

##### **Article 36 [41] and 37 [42]**

Consideration of the articles, for which no text had yet been submitted by the Drafting Sub-Committee, was deferred.

##### **Article 38 [43]**

*Decision:* The article, which remained as originally drafted, was adopted without comment.

##### **Article 39 [44]**

The text prepared by the Drafting Sub-Committee read :

1. Except as provided in paragraph 2 of this Article, any ship or aircraft which calls at a port or airport and is unwilling to submit to the measures required by the health authority in accordance with these Regulations, shall be allowed to depart forthwith without calling

during its voyage at another port or airport in the same territory. Provided it remains in quarantine, however, such a ship or an aircraft shall be permitted to take on fuel, water and stores. If, on medical examination, a ship is found to be healthy, it shall not lose the benefit of Article 28.

2. In the case of arrival at a port or airport situated in a yellow-fever receptive area, a ship or an aircraft shall not, in the following circumstances, be allowed to depart and shall be subject to the measures so prescribed by the health authority :

- (a) if the aircraft is infected with yellow fever or suspected of being so infected ;
- (b) if the ship is infected with yellow fever and the medical examination shows that the sick person has not been isolated in good time and if *Aedes aegypti* have been found on board.

*Decision :*

The English text was adopted without comment. The word "indispensables" was deleted from paragraph 1 of the French text.

#### Article 40 [46]

The text prepared by the Drafting Sub-Committee read :

1. Goods shall be submitted to the sanitary measures provided for in these Regulations only in so far as there is reason to believe that they may have become contaminated by the infection of an epidemic disease or may serve as a vehicle for the spread of any such disease.
2. Apart from the measures provided for in Article 61, goods, other than live animals, in transit without transshipment by whatever means of transport shall not be subjected to sanitary measures or detained at any port, airport, or frontier.

*Decision :* On the proposal of M. GEERAERTS, it was agreed to substitute "le présent Règlement" for "le Règlement" in the French text of paragraph 1.

#### Article 41 [47]

The Drafting Sub-Committee made no change in the original text of the article.

A discussion took place on whether the words "epidemic disease" should be changed to "quarantinable disease" in conformity with the revised terminology adopted by the Special Committee,

or whether the expression "a quarantinable or an epidemic disease" should be employed.

It was agreed to use the term "quarantinable disease".

#### Article 42 [48]

Paragraphs 1 and 2 of the article were not changed by the Drafting Sub-Committee, paragraph 3 being deleted.

Dr. EL-HALAWANI (Egypt) wanted to be assured that the provisions of Article 42, and not those of Article 41, would be applicable to infectious laboratory material, previously dealt with in the deleted paragraph 3.

The CHAIRMAN explained that such material, since it would not be regarded as baggage, would fall under Article 42 and be subject to the laws in force in each territory.

#### Articles 43 [49] and 44 [50]

*Decision :* The articles, which remained as originally drafted, were adopted without comment.

#### Article 45 [51]

The text prepared by the Drafting Sub-Committee read :

1. Each State shall employ all means in its power to diminish the danger from the spread of plague by rodents and their ectoparasites. Its health administration shall keep itself constantly informed by systematic collection and regular examination of rodents and their ectoparasites of the conditions in any local area, especially any port or airport, infected or suspected of being infected by rodent plague.
2. Prior to departure from a port or airport infected by plague, ships or aircraft shall be inspected for rodents and their fleas and, if necessary, measures shall be taken for their destruction. During the stay of any ship or aircraft in such a port or airport special care shall be taken to prevent the introduction of rodents or fleas on board any ship or aircraft.

Dr. BELL (United States of America) proposed that the words "or aircraft" in the first sentence of paragraph 2 should be deleted, and that the second sentence should read :

During the stay of any ship or aircraft in an infected local area special care shall be taken to prevent the introduction of rodents or fleas on board such ship or aircraft.

Dr. MACLEAN thought the amendment introduced a new concept since a port might not be infected even though it was in an infected local area. He wondered whether the words "and their fleas" were necessary.

Mr. HASELGROVE said that although the first sentence of paragraph 2 had been adopted by the Special Committee he felt that it was quite unreasonable; it meant that if a ship visited a port infected with plague, or an infected local area, the health authorities would be able to take stringent measures which would cause delay and expense if any rats, however few, were found on board, even though the ship had complied with the provisions of Article 46. If the provision were retained, it should be made clear that the measures taken should not cause hindrance to the passengers nor interfere with the cargo.

Dr. BELL considered it important that care should be taken to prevent dissemination of infection at ports. Although the article did not state that all measures had to be taken, the word "appropriate" might be added before "measures".

Dr. RAJA thought that the requirements of the United States delegate would be met to a large extent even if the first sentence were omitted.

Dr. BELL said he would prefer to amend the first sentence and asked that further consideration of the article be postponed until he had presented a proposal for amendment.

Dr. DUJARRIC DE LA RIVIÈRE thought it should not be difficult to amend the text on the lines suggested by the delegate of the United Kingdom. He considered that both sentences should be retained, because the first concerned measures against rodents already on board whereas the second concerned measures to prevent the introduction of rodents on board.

Dr. MACLEAN drew attention to an inconsistency in the drafting: paragraph 1 spoke of "ectoparasites", paragraph 2 of "fleas".

It was agreed to postpone further discussion of Article 45 pending circulation of the amendment proposed by the United States delegation (see thirty-second meeting, page 218).

## Article 46 [52]

The text prepared by the Drafting Sub-Committee read:

1. Every ship shall be either:
  - (a) periodically deratted; or
  - (b) permanently kept in such a condition that the number of rats on board is negligible.

In the former case, there shall be delivered for the ship a Deratting Certificate, and in the latter a Deratting Exemption Certificate.

2. A Deratting Certificate or a Deratting Exemption Certificate shall be issued only by the health authority of a port approved for that purpose under Article 15. Every such certificate shall be valid for six months, but this period may be extended by one month for a ship proceeding to such a port if the deratting or inspection, as the case may be, would be facilitated by the operations due to take place there.

3. Deratting Certificates and Deratting Exemption Certificates shall conform with the model specified in Appendix 1 to these Regulations.

4. If a valid certificate is not produced, the health authority at a port approved under Article 15, after inquiry and inspection, may proceed in the following manner:

- (a) if the port has been designated under paragraph 2 of Article 15 the health authority may derat the ship or cause the deratting to be done under its direction and control. It shall decide in each case the technique which should be employed to secure the extermination of rats on the ship. Deratting shall be carried out so as to avoid as far as possible damage to the ship and to any cargo and shall not take longer than is absolutely necessary. Wherever possible it shall be done when the holds are empty. In the case of a ship in ballast, it shall be done before loading. When deratting has been satisfactorily completed, the health authority shall issue a Deratting Certificate;

- (b) at any port approved under Article 15 the health authority may issue a Deratting Exemption Certificate if it is satisfied that the number of rats on board is negligible. Such a certificate shall be issued only if the inspection of the ship has been carried out when the holds are empty or when they contain only ballast or other material, unattractive to rats, of such a nature or so disposed as to make a thorough

inspection of the holds possible. A Deratting Exemption Certificate may be issued for an oil-tanker with full holds.

5. If the conditions under which a deratting is carried out are such that, in the opinion of the health authority for the port where the operation was performed, a satisfactory result cannot be obtained, the health authority shall make a note to that effect on the existing Deratting Certificate.

The CHAIRMAN considered that it would be advisable in Article 46 to replace "rats" by "rodents" to enable measures to be taken for ridding ships of mice.

*Decision:* In the absence of objections the Chairman's proposal was accepted and Article 46 referred back to the Drafting Sub-Committee for the necessary amendments.

### 3. New Article concerning the Forced Landing of Aircraft

The CHAIRMAN called on the representative of the International Civil Aviation Organization to explain the differences between the draft he had prepared for a new Article 39 (A) to cover the forced landing of aircraft and that of the United States delegation, considered by the committee at its twenty-fifth meeting.

The text proposed by the representative of the International Civil Aviation Organization read :

1. If, for reasons beyond the control of the pilot in command, an aircraft lands elsewhere than at an airport, or at an airport other than the airport at which the aircraft was due to land, the health authority shall take such action as is appropriate but in no case shall it exceed the measures permitted by these Regulations.
2. The pilot in command may take such emergency measures as may be necessary for the health and safety of passengers and crew.
3. Except for the purpose of communicating with the public authorities concerned or with the permission of the health authority, no person on board the aircraft shall leave its vicinity and no cargo shall be removed from that vicinity.
4. When the reasons for the landing no longer exist, the aircraft may 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.

Dr. DE TAVEL (International Civil Aviation Organization) considered that in redrafting Article 39 (A)

two principles should be adopted. First, there should be no interference with existing regulations covering landings at non-designated airports on international flights and the aviation agencies concerned should be consulted before new provisions were drafted. Secondly, regulations dealing with emergency situations should be as flexible as possible and no obligation that was not absolutely necessary should be imposed on the crew. It was essential that the requirements of health authorities, civil aviation authorities, customs, immigration and police, regarding the notification of emergency landings, should be co-ordinated, and that the pilot should receive his instructions through the proper channels ; otherwise he might not be aware of his obligations concerning quarantine. ICAO therefore suggested the use of a more general term—public authorities—in accordance with Annex 9 of the Convention on International Civil Aviation, leaving co-ordination between the various authorities to the discretion of States.

He considered that the text proposed would cover the requirements of the health authority not already met by the existing ICAO regulations. Moreover, under Article 91 and paragraph 3 of Article 25 of the Draft Regulations, the health authority would receive all relevant health information from the pilot.

If the committee felt that additional provisions were necessary for the notification of any condition of epidemic significance by the first authority contacting the aircraft to the health authority, a second sentence could be added to paragraph 3 of Article 39 (A), as follows :

Any known condition of epidemic significance such as arrival from an infected local area or the presence of infected persons on board, shall be notified as soon as practicable to the public authorities concerned.

Dr. BELL said that his delegation would withdraw its draft in favour of that proposed by the representative of ICAO.

Dr. RAJA, referring to paragraph 4 of the draft proposed by the representative of ICAO, said that when an aircraft had been obliged to land elsewhere than at a designated airport, even if the technical reasons that had caused the emergency landing no longer existed, it should not be allowed to proceed until the health authority was satisfied that the sanitary requirements had been carried out. He proposed that paragraph 4 should begin : " When

the measures required by the health authority are completed and the reasons for landing..."

He considered that there was a lack of sequence in the draft.

Dr. DUJARRIC DE LA RIVIÈRE considered that paragraph 2, which authorized the pilot to take any emergency measures necessary for the health and safety of passengers and crew, gave very extensive powers to the pilot. The first thing the pilot had to do in such a case was to contact the health authority for instructions.

The CHAIRMAN said that paragraph 2 was intended to cover the case of a crash landing when passengers or crew had been injured.

*Decision:* It was agreed that the draft of Article 39 (A) proposed by ICAO should be referred to the Drafting Sub-Committee in place of that proposed by the delegation of the United States of America.

*The meeting rose at 12 noon.*

## THIRTY-SECOND MEETING

*Wednesday, 2 May 1951, at 2 p.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

### 1. Review of Draft International Sanitary Regulations prepared by the Drafting Sub-Committee (continuation from thirty-first meeting)

Discussion was resumed on the revised text of the International Sanitary Regulations as submitted by the Drafting Sub-Committee.

#### **Article 45** [51] (continuation from page 215)

Dr. BELL (United States of America) said that, after reconsideration, he was willing to accept the proposal of the delegate of India to delete the first sentence of paragraph 2. That would necessitate a slight change in the wording of the remaining sentence which he proposed should be amended to read :

During the stay of any ship or aircraft in an infected port or airport special care shall be taken to prevent the introduction of rodents on board.

*Decision:* The article was adopted as amended above.

#### **Article 47** [53]

The text prepared by the Drafting Sub-Committee read :

In exceptional circumstances of an epidemio-

logical nature, when the presence of rodents is suspected on board, an aircraft may be deratté.

*Decision:* The article was adopted.

#### **Article 48** [54]

The text prepared by the Drafting Sub-Committee read :

Before departure on an international journey from a local area where there is an epidemic of pulmonary plague, suspects shall be placed in isolation for a period of six days reckoned from the date of the last exposure to infection.

*Decision:* The article was adopted.

#### **Article 49** [55]

The text prepared by the Drafting Sub-Committee read :

1. A ship or an aircraft shall be regarded as infected if :

- (a) it has a case of human plague on board ; or
- (b) a plague-infected rodent is found on board.

A ship shall also be regarded as infected if a case of human plague has occurred more than six days after embarkation.

2. A ship shall be regarded as suspected if :

- (a) there being no case of human plague on board, there has been such a case within the first six days after embarkation, even if it has been disembarked or has recovered ;
- (b) there is evidence of an abnormal mortality among rodents on board of which the cause is not yet known ;
- (c) when coming from an infected local area which is heavily infested with rodents.

An aircraft shall be regarded as suspected if a case of human plague has occurred on board during the voyage, but has previously been disembarked.

3. Even when coming from an infected local area or having on board a person coming from an infected local area, a ship or an aircraft shall be regarded as healthy if, on medical examination, the health authority is satisfied that the conditions specified in paragraphs 1 and 2 of this Article do not exist.

Dr. MACLEAN (New Zealand) suggested that the word " which " in paragraph 2 (c) should be replaced by " it ".

Dr. BELL proposed the deletion of the last sentence of paragraph 2.

*Decision :* The article was adopted as amended by the delegates of New Zealand and the United States.

## Article 50 [56]

The text prepared by the Drafting Sub-Committee read :

1. On arrival of an infected or suspected ship or aircraft, the following measures may be applied by the health authority :

- (a) disinsecting of suspects and their surveillance for a period of not more than six days reckoned from the date of arrival ;
- (b) disinsecting and, if necessary, disinfection of :
  - (i) any baggage of any infected person or suspect, and
  - (ii) any other article, such as used bedding or linen, and any part of the ship or aircraft which may be contaminated.

2. If there is rodent plague on board a ship it shall be deratted and the ectoparasites destroyed, if necessary in quarantine. Deratting of a ship

coming from an infected local area may also be required if it is heavily infested with rodents. Deratting operations shall be effected in accordance with Article 46, subject to the following provisions :

- (a) the deratting operations shall be effected as soon as the holds have been emptied ;
- (b) one or more preliminary derattings of a ship with the cargo in situ or during its unloading may be ordered to prevent the escape of infected rodents ;
- (c) if the complete destruction of rodents cannot be secured because only part of the cargo is due to be unloaded, a ship shall not be prevented from unloading that part, but the health authority may apply any measures, including placing the ship in quarantine, which it considers necessary to prevent the escape of infected rodents.

3. If a rodent which has died of plague is found on board an aircraft, the aircraft shall be deratted and the ectoparasites destroyed, if necessary in isolation.

Dr. BELL said that paragraph 1 should begin : " On arrival of an infected or suspected ship or infected aircraft..."

It was so agreed.

Dr. MACLEAN, seconded by Dr. RAJA (India), proposed deletion of the words " and the ectoparasites destroyed ".

It was agreed to delete the words in paragraph 2 and in paragraph 3.

A discussion took place, initiated by Dr. BARRETT (United Kingdom), as to whether the second sentence of paragraph 2 should be qualified by " in exceptional circumstances " or by the terminology of paragraph (2) Article 27 of the International Sanitary Convention, 1926.<sup>22</sup> In his view that provided a better safeguard than the present text.

Mr. HASELGROVE (United Kingdom) suggested that the sentence would be more appropriately placed as a sub-paragraph (b) to Article 51.

<sup>22</sup> Article 27 of the International Sanitary Convention, 1926, reads :

*Healthy Ships.* Ships free from plague shall be given free pratique immediately, with the reservation that the sanitary authority of the port of arrival may prescribe the following measures with regard to them :

- (2) Destruction of rats on board, under the conditions specified in (6) of Article 25, in exceptional cases and for well-founded reasons, which shall be communicated in writing to the captain of the ship ;

Dr. JAFAR (Pakistan) supported the United Kingdom proposal for deletion of the provision from Article 50, and its insertion in Article 51.

Further consideration of the point was deferred pending discussion of Article 51 (see below).

### **New Article 50 (A) [57]**

The text prepared by the Drafting Sub-Committee, which was an adaptation of the former paragraph 4 of Article 50, read :

A ship or an aircraft shall cease to be regarded as infected or suspected when the measures ordered by the health authority in accordance with the provisions of Articles 33 and 50 have been effectively carried out, or when the health authority has observed that the abnormal mortality among rodents is not due to plague. The ship or aircraft shall thereupon be given free pratique.

*Decision:* The article was adopted.

### **Article 51 [58]**

The text prepared by the Drafting Sub-Committee read :

On arrival, a healthy ship or aircraft shall be given free pratique but, if it comes from an infected local area, the health authority may place any suspect on board under surveillance for a period of not more than six days reckoned from the date on which the ship or aircraft left the infected local area.

At the suggestion of Dr. BARRETT, supported by Dr. RAJA, it was agreed to include a further paragraph in Article 51, worded as follows :

The health authority may require the destruction of rodents on board a ship, in exceptional cases and for well-founded reasons which shall be communicated in writing to the master.

*Decisions:*

- (1) The article was adopted as amended by the delegate of the United Kingdom.
- (2) The decision regarding Article 51 entailed the deletion of the second sentence of paragraph 2 of Article 50, which was adopted as amended.

### **Article 52 [59]**

The text prepared by the Drafting Sub-Committee read :

If, on arrival of a train or a road vehicle, a case of human plague is discovered, the measures

provided for in Article 33 and in paragraph 1 of Article 50 may be applied by the health authority, the measures of disinsecting and, if necessary, of disinfection being applied to any part of the train or road vehicle which may be contaminated.

*Decision:* The article was adopted.

### **2. Proposed New Article 24 (B) [29]**

Dr. BIRAUD, Secretary, read the text of a proposed new Article 24 (B) submitted on the basis of the Special Committee's discussions on Article 28 (see minutes of thirtieth meeting page 208) :

A health authority may take all practicable measures to control the discharge from ships of sewage and refuse which might contaminate the waters of a port, canal, or waterway or other territorial waters.

The CHAIRMAN thought that the provisions of the new Article 24 (B) were too wide, since "territorial waters" would include waters within the three-mile limit. He had discussed the matter with the Chairman of the Juridical Sub-Committee and they had agreed that the words "port, canal, or waterway or other territorial waters" might well be replaced by "port, river, or canal".

Dr. DE CARVALHO-DIAS (Portugal) proposed that the words "sewage and refuse" be qualified by "unless previously disinfected".

The CHAIRMAN observed that many port authorities did not allow chemicals to be thrown into docks. In such cases, therefore, the discharge of refuse, whether disinfected or not, would be contrary to national regulations.

In reply to a question by the delegate of India, he said that most modern ships were equipped with tanks in which refuse accumulated in port could be kept until discharged in the open sea. The alternative in older ships was removable chemical closets.

Dr. MACLEAN thought that, as port authorities or governments could presumably prohibit the discharge of refuse in their territorial waters, the proposed article might be redundant.

Dr. DUJARRIC DE LA RIVIÈRE (France), while approving the principle of the proposed article, wondered whether there existed any scientific evidence of the contamination of ports through the discharge of refuse from ships.



The SECRETARY recalled that a series of cholera epidemics in Japan had been caused by fish and shellfish infected through the pollution of territorial waters.

Mr. STOWMAN (United States of America), in reply to the delegate of New Zealand, recalled that his delegation had proposed the insertion of the article in question because otherwise, since international conventions and regulations had precedence over national legislation, local regulations would become null and void under the provisions of Article 28.

The words "port, river or canal" suggested by the Chairman would be acceptable to his delegation as they were approximately equivalent to "maritime canal or waterway" in Article 28.

*Decision:* The new Article 24 (B), as amended, was adopted unanimously.

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, proposed that the words "and supervising the application of Article 24 (B)" be inserted at the end of sub-paragraph 2 (a) of Article 28.

It was so agreed.

### **3. Revision of the Terms of Reference of the Expert Committee on International Epidemiology and Quarantine: Draft Resolution submitted by the Delegation of France**

Dr. DUJARRIC DE LA RIVIÈRE introduced a draft resolution submitted by his delegation for transmission to the Fourth World Health Assembly. The text read:

The Fourth World Health Assembly,

Considering the necessity, revealed by the discussions of the Special Committee of the Assembly, to maintain the Sanitary Regulations of WHO in constant relation with the advance of science and technique, and to alleviate as far as is compatible with the protection of public health, restrictions on international trade;

Considering that the existing organs of WHO should be employed in the most effective manner possible for this purpose,

REQUESTS the Executive Board to modify accordingly the mandate of the Expert Committee of International Epidemiology and Quarantine, and in particular to divide this committee into two sections, one for general epidemiology and the other for sanitary regulations.

The general epidemiology section would deal, from a scientific point of view, with epidemic diseases threatening public health throughout the world, whether or not such diseases were the subject of international regulations.

The sanitary regulations section would undertake an annual critical examination of the working of the International Sanitary Regulations for the purpose of amending and supplementing them in the light of the experience gained and the progress of science and techniques; it would study, in particular, quarantinable diseases from the point of view of their international regulation;

REQUESTS the Director-General to appoint members of these two sections of the committee, so that the general epidemiology section should include epidemiologists and, in accordance with the requirements of the successive sessions, specialists in the various epidemic diseases and cognate subjects, and that the sanitary regulations section should include, in addition to a nucleus of epidemiologists in common with the general epidemiology section and ensuring liaison with it, specialists in quarantine technique and, according to the subjects on the agenda of each session, specialists in the various forms of transport, international law, and cognate questions.

Dr. Dujarric de la Rivière said that the chief aim of the draft resolution was to ensure that in the Expert Committee on International Epidemiology and Quarantine there would be a section to deal not only with the quarantinable diseases but with other epidemic diseases constituting a menace to public health.

It could not be denied that the diseases covered by the Regulations were, in many parts of the world, no longer the serious menace that they had been; they could be controlled by national measures, as had been shown in Egypt during the last cholera epidemic. The Regulations would lessen the danger of the international spread of those six diseases and the expert committee could henceforth concentrate a part of its attention on other epidemic diseases, many of which were considered in some areas to be an even more serious threat than the six diseases governed by the Regulations.

Mr. STOWMAN and the delegates of India and the United Kingdom thought that the presentation of the French proposal reopened questions on which a final decision had been reached, after laborious discussions, by the adoption of the draft resolution submitted by the Juridical Sub-Committee in appendix 3 of its report (see page 279), based on the proposal submitted by the delegate of South Africa (see page 179).

Dr. EL-HALAWANI (Egypt) thought that the purpose of the French proposal was to strengthen the existing machinery for the settlement of disputes and the study of epidemiological problems. That was entirely desirable.

After some further discussion, Dr. DUJARRIC DE LA RIVIÈRE said that he would not press for the adoption and submission to the Health Assembly of his proposal. He had wished to bring before the committee the ideas which it contained. His delegation would submit the proposal, perhaps in an altered form, at the Health Assembly.

#### 4. Transitional Arrangements regarding the Sanitary Station at Kamaran

The CHAIRMAN drew attention to the recommendation, adopted by the Executive Board at its seventh session (resolution EB7.R88), which suggested that the committee should consider the desirability of preserving the quarantine station at Kamaran and make appropriate recommendations to the Fourth Health Assembly.

It had been pointed out to him that the Kamaran station would be abolished under the Regulations when they came into force, but during the years 1951, 1952 and probably 1953 the operation of the station

must be covered by recommendations from the Special Committee to the Health Assembly.

Dr. RAJA thought that the question could best be settled by a private discussion between the delegations of the four countries directly interested, namely India, Pakistan, Indonesia and the Philippines. The United Kingdom delegation had stated earlier in the session that the station would be kept open for incoming pilgrims during 1951, but there would be no point in maintaining it unless the four countries he had named agreed to send their pilgrim ships there.

The CHAIRMAN observed that if the suggestion of the delegate of India was adopted no action need be taken at that stage by the committee itself which was in any case concerned with the Regulations rather than with what transitional measures were to be taken until they came into force. The matter could be better discussed early during the Fourth World Health Assembly by delegates from the following countries interested in the matter: India, Indonesia, Pakistan, Philippines, Saudi Arabia and the United Kingdom. Recommendations to the Fourth World Health Assembly would then be made.

It was so agreed.

*The meeting rose at 3.50 p.m.*

### THIRTY-THIRD MEETING

*Thursday, 3 May 1951, at 9.30 a.m.*

*Chairman: Dr. M. T. MORGAN (United Kingdom)*

#### 1. Review of Draft International Sanitary Regulations prepared by the Drafting Sub-Committee (continuation from thirty-second meeting)

##### Article 67 (A) [75]

The text prepared by the Drafting Sub-Committee read:

A person coming from an infected local area, who is unable to produce a valid certificate of vaccination against yellow fever, and who is due to proceed on an international voyage to an airport in a yellow-fever receptive area at which the means for securing segregation provided for in Article 29

do not exist, may be prevented from proceeding from an airport en route at which such means are available.

Dr. BARRETT (United Kingdom) suggested that under Article 67 (A) one country would be taking care of the interests of another. The provision might therefore more appropriately come under Article 98 which dealt with bilateral agreements.

Dr. JAFAR (Pakistan) did not agree with the interpretation of Article 67 (A) given by the delegate of the United Kingdom. The measure prescribed had been strongly supported by the delegates of countries

receptive to yellow fever, such as Burma and Thailand, who had stated that they had as yet no mosquito-proof installation for the isolation of passengers in transit. Pakistan would prefer to be freed from the administrative work and expense involved in keeping people in isolation at Karachi. All assistance was given to passengers who preferred to return west, but Pakistan had no alternative but to put in isolation passengers not wishing to return, if the next port of call refused to receive them. The measure was therefore permissive and did not damage anyone's interests. The practice had been continuing for years and had proved satisfactory.

The CHAIRMAN said that if the provisions of Article 67 (A) were not included in the Regulations, no bilateral agreements on the subject would be concluded under Article 98, since paragraph 2 of that article precluded arrangements in conflict with the provisions of the Regulations.

Dr. RAJA (India) said that the danger of allowing persons coming from an area infected with yellow fever to proceed to airports not yet provided with mosquito-proof direct transit quarters was so great that Article 67 (A) should be retained. It provided for a permissive measure of a temporary nature and one which would cease to be applied as soon as suitable direct transit areas had been set up in the countries concerned.

In reply to a question by the CHAIRMAN, Dr. JAFAR said that up to six persons a week were held in isolation at Karachi.

Dr. BARRETT thought that temporary measures should not be included in the Regulations. Moreover, the measure provided for in Article 67 (A) seemed unnecessary, since the delegate for Pakistan had stated that the present arrangements were working satisfactorily.

Mr. STOWMAN (United States of America) suggested that if the article were retained, a sentence should be added to the following effect :

Arrangements under this Article between health administrations concerned shall be notified in advance to the Organization.

The Organization could then warn travellers of the risk of being detained and the article would be in keeping with the general principle in the Regulations that any change in arrangements should be brought

to the attention of WHO, which would pass the information on to States.

Dr. RAJA accepted the proposal of the delegate of the United States and suggested that the sentence should read :

Arrangements under this Article between national health-administrations shall be notified to the Organization which shall forthwith transmit the information to Member States.

Dr. DE TAVEL (International Civil Aviation Organization) feared the article might have repercussions on air traffic. If a number of passengers on a large airliner in transit were affected, the aircraft might be delayed. Secondly, it would be dangerous to leave to the State of departure the decision as to whether the transit area in the State of arrival was sufficiently equipped. The committee had, in connexion with other articles, provided for transit areas with rather simple installations, but it should not be an excessive burden for States which handled international traffic to provide mosquito-proof transit areas.

Dr. JAFAR said that in 1947 he had drawn up a memorandum, which had been received and acknowledged by all governments, giving precise details of the conditions prevailing in the countries of South-East Asia and the restrictions that might be imposed at Karachi. The cases of isolation at Karachi were decreasing because people were becoming aware of the risks they ran if they were not vaccinated before departure. Referring to the observations of the representative of ICAO, he said the big airlines had the information and did not usually accept passengers who had not been vaccinated. It was the small airlines and independent aircraft that did not conform with the Regulations.

In the circumstances he did not see how the article could cause detriment to airlines if they knew of the regulations in force at any particular port. Pakistan was only too ready to cease taking the measures in question immediately the States concerned had installed suitable direct transit areas.

Dr. DAENGSVANG (Thailand) urged that the article be retained until direct transit areas could be established in yellow-fever receptive areas.

Dr. BARRETT thought that it would be undesirable to remove the incentive to create proper direct transit areas.

The CHAIRMAN said that, insertion of the article having already been decided by vote, the committee had only to agree on its form. He could not allow a vote for its deletion unless the original mover agreed to its suppression. In that case the governments concerned could only have recourse to a reservation on the lines of the article, in the hopes that the Health Assembly would accept it in view of its temporary nature.

Dr. JAFAR felt that it was immaterial in what part of the Regulations the article was inserted. Although its provisions were temporary, the establishment of suitable direct transit areas in the places concerned might take time.

Dr. BARRETT suggested that, if the article were to be retained, a sentence should be added stating :

This Article shall cease to operate as soon as the necessary direct transit areas have been established and the Organization shall be notified accordingly.

The CHAIRMAN proposed adding the word "yet" before "exist" in the article proposed by the Drafting Sub-Committee.

*Decision:* A vote was taken and the substance of the addition proposed by the delegates of the United States and India was adopted.

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, suggested the following draft :

A person coming from an infected local area, who is unable to produce a valid certificate of vaccination against yellow fever, and who is due to proceed on an international voyage to an airport in a yellow-fever receptive area at which the means for securing segregation provided for in Article 29 do not yet exist, may by arrangement between health administrations within the territories of which the airports concerned are situated, be prevented from proceeding from an airport at which such means are available.

A second paragraph would read :

States shall inform the Organization of any such arrangement and its termination. The Organization shall immediately transmit this information to all health administrations.

Dr. BARRETT suggested that in order to bring out the temporary nature of the provision the word "temporary" should be inserted before "arrangement".

Dr. JAFAR considered that the point raised by the delegate of the United Kingdom was covered by the second paragraph that had been added.

*Decision:* The draft suggested by Mr. Hostie was approved and referred to the Drafting Sub-Committee.

### Definition of " Medical Examination "

The text prepared by the Drafting Sub-Committee read :

" *Medical examination* " includes visit to and inspection of a ship, aircraft, train, or road vehicle, and the preliminary examination of persons on board, but does not include the periodical inspection of a ship to ascertain the need for deratting.

Dr. BERGMAN (Sweden) replied in the affirmative to the CHAIRMAN's inquiry whether he was satisfied with the proposed text.

### Article 21 [23]

The text prepared by the Drafting Sub-Committee read :

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

*Decision:* The article was adopted without comment.

### 2. Proposed New Article for the Protection of Isolated Communities

Dr. HENNINGSEN (Denmark) drew attention to the proposal of the delegate of Australia, who had left Geneva, for a new Article 21 (A) dealing with special measures for the protection of isolated communities. The proposed text read :

Notwithstanding any other provision of these Regulations, a State may, for the protection of isolated communities having a special epidemiological risk, apply special sanitary measures other than those specified in these Regulations.

The Danish delegation was in favour of the draft text prepared by the Director-General on the basis of that proposal. That text read :

1. Notwithstanding the provisions of Article 21, the health authorities may take sanitary measures other than those specified in these Regulations for the protection of isolated communities into which

the introduction of epidemic diseases other than the quarantinable diseases may cause considerable loss of life, owing to the extreme receptiveness of their population to such diseases.

2. Such measures may, however, be taken only in respect of isolated communities situated in local areas or territories notified in advance by the health administration concerned to WHO as being specially at risk; approved as such by the competent authority of the Organization and accordingly notified to Member States.

Dr Henningsen said that Denmark had had to make reservations to all previous conventions on account of conditions prevailing in Greenland and the Faroe Islands and therefore considered desirable the inclusion of an article permitting special measures in such territories.

In reply to the CHAIRMAN, who asked who would decide that a community was isolated and extremely receptive, Dr. BIRAUD, Secretary, said that under the International Sanitary Conventions of 1944 the decisions had been taken, on the advice of the expert committee concerned, by the Executive Board, to which the Health Assembly had delegated authority in that respect. He assumed that in the future the committee set up to review the operation of the Regulations would make a recommendation on which the Executive Board or the Health Assembly would base its reply.

The CHAIRMAN felt that the proposed article was a form of reservation and that its possible repercussions required study.

Dr. RAJA asked whether it was in order to include the article in the Regulations, since it concerned measures against epidemic diseases other than the quarantinable diseases.

Dr. BELL (United States of America) thought the provision under discussion should be linked with Article 24. Although it was not a matter of emergency, the case in point might constitute a danger to public health. While it was necessary to make some provision along the lines of the proposed article, in order to avoid reservations, the text as drafted gave too wide powers to the health authorities of the regions concerned. Before a provision was included in the Regulations, the governments concerned should submit a statement of the measures they considered necessary.

Dr. RAJA suggested that, since the measures envisaged concerned other than quarantinable diseases, the matter should be dealt with by the

committee which the Special Committee proposed should be set up to review the application of the Regulations (see page 179). Article 24, which dealt with countries whose general circumstances were normal, did not appear to apply in the case under discussion.

Mr. HASELGROVE (United Kingdom) supported the views of the delegates of the United States and India.

Dr. LENTJES (Netherlands), agreeing with the delegate of the United States that the door should not be left too wide open for stringent arbitrary measures by health authorities, read a letter, dated February 1951, from the health authority of a certain country, stating that passengers and crew on a ship or aircraft having a temperature of 37.5° C. or more, arriving from European or other countries infected with influenza, should be kept on board or put under observation in an isolation hospital, all expenses to be borne by the aviation or shipping companies concerned.

Dr. HENNINGSEN also considered that Article 24 did not apply. If it was considered more practical that his government should make a reservation on the point, his delegation would accept that view.

The CHAIRMAN suggested that the delegate of Denmark should prepare for submission by the committee to the Health Assembly a draft resolution on the lines of the article, suggesting that the committee to be established should look into the matter in view of the important element of danger to public health.

Dr. BELL, reverting to his suggestion that governments should specify the measures they wished to apply, which should then be approved by WHO, wondered whether the new committee would be prepared to take responsibility for approving regulations concerning specific territories.

The SECRETARY felt sure that a technical committee such as that recommended by the Special Committee would give every consideration to the interests of isolated communities. Rather than deciding on specific measures for particular regions, it would probably confine itself to approving existing regulations. The Director-General had been in communication with the health authorities of certain countries on the subject, in particular, the Western Pacific Islands, and had asked them to postpone the application of the protective measures they proposed to take

against other than quarantinable diseases until the Special Committee had considered the matter, in order to avoid difficulties with other countries.

He added that the proposed Article 21 (A), providing for special measures in a limited number of specified territories, would largely limit any abuses of the provisions of Article 24.

It was agreed to defer further consideration of the question until the delegate of Denmark had prepared a draft resolution (for continuation of discussion, see thirty-fifth meeting, page 243).

Mr. HASELGROVE said he had been shocked by the final stipulation in the letter read by the delegate for the Netherlands. He proposed that a recommendation should be submitted to the Health Assembly that costs of isolation, etc. of passengers on arrival should not be placed on the transport companies concerned.

Dr. RAJA, seconding the proposal of the delegate of the United Kingdom, suggested that it should be specified that the cost should be borne by the governments concerned and should not be passed on to the passengers.

The delegate of the United Kingdom agreed to draft a resolution in consultation with the delegate of India (for continuation of discussion see thirty-fifth meeting, page 244).

### **3. Review of Draft International Sanitary Regulations prepared by the Drafting Sub-Committee (continuation from page 224)**

#### **Article 24 [28]**

The text prepared by the Drafting Sub-Committee read :

Except in case of an emergency constituting an unusual danger to public health, the health authority for a port or airport shall not on account of any other epidemic disease prevent a ship or aircraft which is not infected or suspected of being infected with a quarantinable disease, from discharging or loading cargo or stores, or taking on fuel or water.

Mr. HASELGROVE recalled that at its twenty-seventh meeting the Special Committee had agreed to use the term "free pratique" instead of the reference to not preventing the ship or aircraft from discharging or loading cargo or stores, or taking on fuel or water.

Mr. HOSTIE urged that the words "free pratique" should not be used in Article 24, which dealt with measures applicable only to ships or aircraft, because

the term had been used in Part V to include persons on board.

The CHAIRMAN recalled that during the first discussion on Article 24 the committee had decided not to use the term "free pratique" in that article.

*Decision:* On the proposal of the Chairman, it was agreed to substitute "grave" for "unusual".

#### **Article 36 [41]**

The text prepared by the Drafting Sub-Committee read :

Subject to paragraph 1 of Article 71, a ship or an aircraft may not be prevented for sanitary reasons from calling at any port or airport. If the port or airport, however, is not equipped for applying those sanitary measures which are permitted by these Regulations and which in the opinion of the health authority for the port or airport are required, such ship or aircraft may be ordered to proceed at its own risk to the nearest suitable port or airport convenient to the ship or aircraft.

*Decision:* The article was adopted.

#### **Article 37 [42]**

The text prepared by the Drafting Sub-Committee read :

An aircraft shall not be considered as having come from an infected local area merely because, on its voyage over infected territory, it has landed at any sanitary airport which is not itself an infected local area.

There were no further observations on the article.

#### **Article 39 (A) [45]**

The text prepared by the Drafting Sub-Committee read :

1. If, for reasons beyond the control of the pilot in command, an aircraft lands elsewhere than at an airport, or at an airport other than the airport at which the aircraft was due to land, the pilot in command or other person in charge shall make every effort to communicate with the nearest health authority or other public authority.

2. As soon as the health authority has been notified of the landing, it may take such action as is appropriate, but in no case shall it exceed the measures permitted by these Regulations.

3. Subject to the provisions of paragraph 5 of this Article, and except for the purpose of communi-

cating with any such health or public authority, or with the permission of any such authority, no person on board the aircraft shall leave its vicinity and no cargo shall be removed from that vicinity.

4. When any measures required by the health authority have been applied, the aircraft may 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.

5. The pilot in command, or other person in charge, may take such emergency measures as may be necessary for the health and safety of passengers and crew.

*Decision:* The article was adopted without comment.

### Article 53 [60]

*Decision:* The article, which remained as originally drafted (see page 18), was adopted without comment.

### Article 54 [61]

The text prepared by the Drafting Sub-Committee read :

1. The possession of a valid certificate of vaccination against cholera shall be taken into consideration by health authorities in applying the measures provided for in these Regulations.

2. Until the Organization has adopted regulations concerning standards for anticholera vaccines the standards in force in the countries where the vaccine is administered shall be accepted.

3. The health authority for a local area may, in the case of a person on an international journey who arrives there within the incubation period from an infected local area, impose the following measures :

(a) if he is in possession of a valid certificate of vaccination against cholera, he may be placed under surveillance for a period not exceeding five days from the date of his departure from the infected local area ;

(b) if he is not in possession of such a certificate, he may be placed in isolation for a like period.

A discussion took place on the use of the words "Until the Organization has adopted regulations concerning standards..." in paragraph 2, following a statement by the CHAIRMAN that if the intention was merely that the Organization should propose

international standards for cholera vaccines, no reference to such standards should appear in the Regulations, since there would be no compulsion on countries to conform to them.

Mr. HOSTIE said that under Article 21 of the WHO Constitution the Organization could adopt regulations concerning anticholera vaccines. If it laid down obligatory standards the paragraph would be consistent, but if the standards were recommended, then a recommendation as such could have no legal effect and could not substitute something for national prescriptions. According to Article 22 of the Constitution, obligatory standards were regulations.

The SECRETARY explained that since 1924, countries had voluntarily applied international standards and that although the Organization, by its Constitution, could adopt regulations making the use of standards compulsory, it had not up to now found it necessary to do so. On the other hand, the Third World Health Assembly and the Executive Board had provided that besides regulations—particularly WHO Regulations No. 2—which were obligatory and had to be adopted by the Health Assembly, there would be certain standards, proposed by the competent expert committees and approved by the Executive Board—not necessarily by the Health Assembly—acceptance of which would permit countries to discharge their obligations under the Regulations. It had never been the intention of the Executive Board to make the use of such standards compulsory, but rather to ask countries voluntarily to accept them. That procedure had been followed in the case of biological standards, vaccines, etc.

Dr. VAN DEN BERG (Netherlands) said that countries which would not accept regulations would not accept voluntary standards. Whilst agreeing with much of what the Secretary had said, he thought that, if any mention was made in Article 54 of international standards for anticholera vaccine, the reference should be to regulations.

M. MASPÉTIOL (France) said that he would willingly support a proposal to delete paragraph 2 ; as now drafted it would have little value. Even if the Organization could establish compulsory standards, nothing could prevent States from making reservations thereon if they wished to do so.

Dr. BARRETT considered that the establishment of standards for vaccines was important from the point of view of international travellers and that the Organi-

zation should take the lead in doing so. He recalled that for a fortnight during the 1947 cholera epidemic in Egypt certain countries had refused to accept vaccination certificates issued by other countries because a new type of vaccine had not been used. He suggested that substitution of the word "may" for "shall" might prevent the enforcement of a sudden change of a vaccine standard.

Dr. RAJA opposed the suggestion to substitute the word "may" which would permit the health authority of the country of arrival to say that it was not satisfied with the vaccine which had been used.

Mr. HOSTIE proposed the following new text :

The standards for anticholera vaccines in force in the territory where the vaccine is administered shall be accepted until the Organization has adopted regulations in force for the States concerned.

He added that it would be in conformity with Article 22 of the Constitution.

*Decision:* The new text was adopted.

Dr. EL-HALAWANI (Egypt) proposed the addition of the words "or isolation" after "surveillance" in paragraph 3 (a).

Mr. HUSSEINI (Saudi Arabia) supported the proposal. As his country would continue to be exposed to yearly danger from cholera so long as the disease prevailed, his Government considered that surveillance did not provide sufficient protection, and, if the paragraph remained as drafted, would have to make a reservation.

Dr. RAJA urged that the paragraph be retained in its present form. Reverting to paragraph 2, he added that, until the Organization established standards for anticholera vaccine, there should be no departure from the current practice of accepting the certificates issued by different countries. Moreover the Organization would have time to establish common standards before the Regulations entered into force.

Dr. BARRETT agreed with the delegate of India, especially as the question had been fully discussed and a decision taken.

*Decision:* The proposal of the delegate of Egypt for the insertion of the words "or isolation" in paragraph 3 (a) was put to the vote and rejected by 12 votes to 5 (for continuation of the discussion, see minutes of the thirty-fifth meeting, page 243).

## Article 55 [62]

The text prepared by the Drafting Sub-Committee read :

1. A ship shall be regarded as infected if it has a case of cholera on board or if a case of cholera has occurred on board during a period of five days before arrival.
2. A ship shall be regarded as suspected if a case of cholera has occurred on board during the last ten days of the voyage, but a fresh case has not occurred during a period of five days before arrival.
3. An aircraft shall be regarded as infected if it has a case of cholera on board. It shall be regarded as suspected if a case of cholera has occurred on board during the voyage but has previously been disembarked.
4. Even when coming from an infected local area or having on board a person coming from an infected local area, a ship or an aircraft shall be regarded as healthy if, on medical examination, the health authority is satisfied that no case of cholera has occurred on board during the voyage.

A footnote to the article by the Drafting Sub-Committee read : The attention of the Special Committee is called to the ambiguity in paragraph 2 of this article.

Referring to the footnote, Mr. STOWMAN suggested that the inclusion of the word "occurred" in paragraph 2 might imply a fresh case, whereas the intention was to refer to a case which had not recovered, died or been disembarked.

Dr. RAJA agreed with the delegate of the United States and thought it would be sufficient to say "A ship shall be regarded as suspected if there has been a case of cholera on board during the voyage...", omitting the words "the last ten days of", which had been inserted at the request of the Netherlands delegation. He also suggested adding, at the end of paragraph 3, the words : "and appropriate disinfection has been carried out" but accepted the alternative proposed by the CHAIRMAN : "and until the measures prescribed in Article 56 have satisfactorily been carried out".

Mr. HOSTIE explained that the footnote had been intended to call attention to the disharmony between paragraphs 2 and 4. If the words "the last ten days of" were retained in paragraph 2, an amendment must be made to paragraph 4. The simplest way to do that would be to say : "...the health authority is satisfied that the conditions referred to in paragraphs 1 and 2 or 3 respectively are not fulfilled.



The proposed addition to paragraph 3 would involve a complete change, because, if the measures prescribed in Articles 56 and 57 respectively had been taken, Article 58 would apply (i.e., the ship would become healthy, not suspected).

Dr. EL-HALAWANI said that Article 29 of the International Sanitary Convention, 1926, stated quite clearly the conditions under which a ship would be regarded as suspected, and Article 30 of that convention specified the measures which must be applied. Article 55 of the Regulations should be drafted on lines similar to Article 29 of the 1926 convention.

Dr. LENTJES agreed to accept the deletion of the words "the last ten days of" from paragraph 2.

*Decision:* The article was adopted subject to the above deletion.

The CHAIRMAN explained to the delegate of Egypt that Article 55 as adopted did, in effect, repeat the provisions of Article 29 of the 1926 Convention.

#### **Article 56 [63]**

The text prepared by the Drafting Sub-Committee read :

1. On arrival of an infected ship or aircraft, the following measures may be applied by the health authority :

(a) for a period of not more than five days, reckoned from the date of disembarkation, surveillance of any passenger or member of the crew who produces a valid certificate of vaccination against cholera, and isolation of all others ;

(b) disinfection of

(i) any baggage of any infected person or suspect,

(ii) any other article such as used bedding or linen, and any part of the ship or aircraft, which may be contaminated ;

(c) disinfection and removal of any water carried on board that may be contaminated and disinfection of the containers which may then be refilled with wholesome water.

2. Human dejecta, waste water including bilge-water, waste matter, and any contaminated substance shall not be discharged or unloaded without previous disinfection. Their safe disposal shall be the responsibility of the health authority.

*Decision:* The article was adopted subject to the addition, after "all others" in paragraph 1 (a), of

"wishing to disembark" and, in paragraph 2, the substitution of "and any substance considered to be contaminated" for "any contaminated substance".

#### **Article 57 [64]**

The text prepared by the Drafting Sub-Committee read :

1. On arrival of a suspected ship or aircraft the measures provided for in sub-paragraphs (b) and (c) of paragraph 1 and in paragraph 2 of Article 56 may be applied by the health authority.

2. In addition, but without prejudice to the measures provided for in sub-paragraph (b) of paragraph 3 of Article 54, any passenger or member of the crew who disembarks may be placed under surveillance for a period of not more than five days reckoned from the date of arrival.

*Decision:* The article was adopted without comment.

#### **Article 58 [65]**

The text prepared by the Drafting Sub-Committee read :

A ship or an aircraft shall cease to be regarded as infected or suspected when the measures required by the health authority in accordance with Article 33 and with Articles 56 and 57 respectively have been effectively carried out. The ship or aircraft shall thereupon be given free pratique.

*Decision:* The article was adopted without comment.

#### **Article 59 [66]**

The text prepared by the Drafting Sub-Committee read :

On arrival, a healthy ship or aircraft shall be given free pratique but, if it comes from an infected local area, the health authority may apply to any passenger or member of the crew who disembarks the measures provided for in Article 54.

*Decision:* The article was adopted without comment.

#### **Article 60 [67]**

The text prepared by the Drafting Sub-Committee read :

If, on arrival of a train or a road vehicle, a case of cholera is discovered, the following measures may be applied by the health authority :

(a) without prejudice to the measures provided for in sub-paragraph (b) of paragraph 3 of Article 54, surveillance of any suspect for a period of not more than five days reckoned from the date of his arrival ;

(b) disinfection of

(i) any baggage of the infected person and, if necessary, that of any suspect,

(ii) any other articles such as used bedding or linen, and any part of the train or other vehicle, which may be contaminated.

Dr. BA MAUNG (Burma) proposed substituting the words "considered to be contaminated" for "which may be contaminated" in sub-paragraph (b) (ii).

*Decision:* The article was adopted subject to the above amendment.

#### Article 61 [68]

The text prepared by the Drafting Sub-Committee read :

1. On arrival of an infected or suspected ship or aircraft, of a train or a road vehicle, on which a case of cholera has been discovered, or of a ship, aircraft, train, or road vehicle coming from an infected local area, the health authority may prohibit the unloading of, or may remove, any fish, shellfish, fruit or vegetables to be consumed uncooked, or beverages, unless such food or beverages are in sealed containers and the health authority has no reason to believe that they are contaminated. If any such food or beverage is removed, arrangements shall be made for its safe disposal.

2. If any such food or beverage forms part of the cargo in a hold of a ship or a freight compartment of an aircraft, the health authority for the port or airport at which such food is unloaded only may exercise the power to remove it.

3. The pilot in command of an aircraft has the right to require the removal of any such food or beverage.

*Decision:* The article was adopted subject to the deletion of the word "only" after "unloaded" and its insertion before "health authority" in paragraph 2, and, in the same paragraph, the insertion of "to be" before "unloaded".

#### Article 62 [69]

The text prepared by the Drafting Sub-Committee read :

1. A person without symptoms indicative of cholera arriving on an international journey from an infected local area shall not be required to submit to stool examination or rectal swabbing.

2. A person with symptoms indicative of cholera, who arrives on an international journey from an infected local area within the incubation period of the disease, may be required to submit to stool examination.

Dr. EL-HALAWANI felt that the text was not in line, from a scientific point of view, with the draft Regulations as a whole. He said that such provisions did not exist in the 1926 or 1944 Conventions and that Article 23 of the draft Regulations provided for medical investigation of persons under surveillance in respect of all the epidemic diseases.

Dr. MALAN (Italy) agreed with the delegate of Egypt.

Dr. RAJA considered that paragraph 1 should be retained as drafted. The epidemiological value of stool examinations had been fully considered by the committee and a decision taken at a previous meeting.

He also recalled that paragraph 2 had been inserted at the request of the delegate of the United States, in order to remove any ambiguity.

Mr. HUSSEINI proposed the deletion of paragraph 1 and the amendment of paragraph 2 to read :

A person who arrives on an international journey from an infected local area within the incubation period of the disease may be required to submit to stool examination.

The CHAIRMAN, in view of the decision taken previously after prolonged discussion, ruled the proposal out of order because it would involve a change of substance.

*Decision:* After some further discussion, it was agreed to add the words "but shall not be compelled to submit to rectal swabbing" at the end of paragraph 2.

Dr. EL-HALAWANI stated that Egypt did not impose rectal swabbing in any circumstances but did require stool examinations.

*The meeting rose at 12.15 p.m.*

## THIRTY-FOURTH MEETING

Thursday, 3 May 1951, at 2 p.m.

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

# 1. Review of Draft International Sanitary Regulations prepared by the Drafting Sub-Committee (continuation)

## Article 63 [70]

The text prepared by the Drafting Sub-Committee read :

1. Each yellow-fever endemic zone and yellow-fever receptive area shall be delineated by the Organization in consultation with each of the States concerned, and may be altered similarly from time to time. These delineations shall be notified by the Organization to all health administrations.

2. Where a State declares to the Organization that, in a local area which is part of a yellow-fever endemic zone, the *Aedes aegypti* index has continuously remained for a period of one year below 1 per cent, the Organization shall, if it agrees with the State, notify all health administrations that such local area has ceased to form part of a yellow-fever endemic zone.

M. GEERAERTS (Belgium) drew the attention of the Special Committee to a note by his delegation on the criteria for the delineation of yellow-fever endemic zones.<sup>23</sup> The Belgian delegation would circulate a draft resolution on the subject for submission to the Health Assembly.

*Decision:* Article 63 was adopted.

<sup>23</sup> In this note the Belgian delegation, referring to paragraph 2 of Article 63, expressed the opinion that the criteria adopted in the past for the inclusion of territories or parts of territories in the yellow-fever endemic zones were not in accordance with the definition of such zones adopted by the Special Committee. The definition was based on two conditions (1) the presence of *Aedes aegypti* and (2) the persistence of the virus among jungle animals over long periods of time; on the other hand delineation of the zones had been and was still based on examination for immunity in man by the mouse protection test. The limits of the zones so delimited far exceeded the tropical forest areas.

The Belgian delegation therefore desired the Special Committee to recommend to the Fourth World Health Assembly that the criteria to be adopted in the delineation of endemic zones be defined, and that such criteria be in accordance with the definition of the zones appearing in the Regulations.

## Article 63 (A)

The text prepared by the Drafting Sub-Committee read :

Unless otherwise stipulated, measures applicable to yellow-fever infected local areas are applicable to yellow-fever endemic zones.

A footnote to the article by the Drafting Sub-Committee read: The attention of the Special Committee is drawn to the fact that the new Article 63 (A) is unnecessary in view of the plenary decision to add a fourth paragraph to the definition of infected local area.

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, explained, in reply to an objection raised by the delegate of India with regard to the footnote to the new Article 63 (A) that a zone where the conditions laid down in the new paragraph (d) of the definition of "infected local area" were fulfilled became in effect a group of infected local areas. The new Article 63 (A) was therefore superfluous. Not only that, if it was retained the absence of similar texts referring to the other three paragraphs of the definition would lead to confusion.

*Decision:* It was agreed to delete Article 63 (A).

## Article 64 [71]

The text which remained unchanged in English, read :

For the purposes of these Regulations the incubation period of yellow fever is six days.

*Decision:* The article was adopted without comment.

## Article 65 [72]

The text prepared by the Drafting Sub-Committee read :

1. Vaccination against yellow fever shall be required of any person leaving an infected local area on an international journey and proceeding to a yellow-fever receptive area.

2. Should such a person be in possession of a certificate of vaccination against yellow fever which is not yet valid, he may nevertheless be permitted to depart, but the provisions of Article 67 may be applied to him on arrival.

3. A person in possession of a valid certificate of vaccination against yellow fever shall not be treated as a suspect, even if he comes from an infected local area.

*Decision:* The article was adopted.

#### Article 66 [73]

The text prepared by the Drafting Sub-Committee read :

1. Every person employed at an airport situated in an infected local area and every member of the crew of an aircraft using any such airport shall be in possession of a valid certificate of vaccination against yellow fever.

2. Every aircraft leaving an airport situated in an infected local area and bound for a yellow-fever receptive area shall be disinfected under the control of the health authority as near as possible to its departure but in sufficient time to avoid delay in the departure of the aircraft. The States concerned may accept the disinfecting in flight of the parts of the aircraft which can be so disinfected.

3. Every aircraft leaving a local area where *Aedes aegypti* or any other vector of human yellow fever exists, which is bound for a yellow-fever receptive area already freed from *Aedes aegypti* shall be similarly disinfected.

The CHAIRMAN recalled that the committee had decided to employ throughout the Regulations the phrase "epidemic human yellow-fever". The word "epidemic" should therefore be inserted before the word "human" in paragraph 3.

*Decision:* Article 66 was adopted with that addition.

#### Article 67 [74]

The text prepared by the Drafting Sub-Committee read :

The health authority for a yellow-fever receptive area may require a person on an international journey, who arrives there from an infected local area and is unable to produce a valid certificate of vaccination against yellow fever, to be isolated until his certificate becomes valid or until a period of not more than nine days reckoned from the

date of last possible exposure to infection has elapsed, whichever occurs first.

Dr. RAJA (India) thought that the decision, taken on his suggestion, to replace the words "six days" by "not more than nine days" was to some extent nullified by the retention of the words "whichever occurs first". The object of the amendment had been to cover the three days during which a mild ambulatory case of yellow fever could infect mosquitos in the area to which he had come. It would be recalled that the Director of the Regional Office for the Americas had said that it was safe to assume that immunity against infection was developed seven days after vaccination. A person vaccinated five days before and therefore not having developed full immunity might leave a yellow-fever endemic zone and reach India on the sixth day after vaccination. Such a person might well have the infection, and, since a certain degree of protection would already have developed, the case would probably be a mild ambulatory one.

If the last three words of the article were deleted, health authorities for yellow-fever receptive areas would be free to isolate persons arriving from infected local areas without valid certificates of vaccination for a period up to nine days, while health authorities for other areas could isolate them until their certificates became valid.

The CHAIRMAN pointed out that Article 67 referred only to health authorities for yellow-fever areas.

To give effect to what the delegate of India required, he thought that it would be necessary to delete the words "until his certificate becomes valid or" as well as "whichever occurred first".

He remarked that there seemed to have been a misunderstanding as to the sense which the committee had intended to give to the provisions in Article 67.

After an exchange of views between the Chairman and the delegate of India, Dr. BELL (United States of America) suggested that the requirements of the latter might be met by inserting after the words "until his certificate becomes valid" the words "provided that the certificate becomes valid within three days of arrival".

Dr. RAJA thought that it would be preferable to insert in the same place the words "provided that the person was last exposed to infection seven days after vaccination". The important point was exposure to infection and the United States suggestion would introduce other considerations.

After some further discussion, it was agreed that the delegations of India and the United States of America should collaborate to produce a draft for circulation and later consideration. (For continuation of the discussion, see page 237.)

#### Article 68 [76]

The text prepared by the Drafting Sub-Committee read :

1. A ship shall be regarded as infected if it has a case of yellow fever on board or if a case has occurred on board during the voyage. It shall be regarded as suspected if a period of six days has not elapsed reckoned from the date of its departure from an infected local area, or, if arriving after such period, the health authority has special reasons for suspecting that there are adult *Aedes aegypti* on board. Any other ship shall be regarded as healthy.

2. An aircraft shall be regarded as infected if it has a case of yellow fever on board. It shall be regarded as suspected if the health authority is not satisfied with a disinsecting carried out under the terms of paragraph 2 of Article 66, because it has special reasons for suspecting that there are live mosquitos on board the aircraft. Any other aircraft shall be regarded as healthy.

A footnote to the article by the Drafting Sub-Committee read : To avoid divergence in the texts the Drafting Sub-Committee suggests that the same term should be used in both paragraphs of this article, i.e., "adult *Aedes aegypti*", or "live mosquitos".

Dr. BARRETT (United Kingdom) thought that some limit should perhaps be provided to the period during which a health authority might regard a ship as suspected on the grounds that there might be adult *Aedes aegypti* on board.

Dr. EL-HALAWANI (Egypt) noted that former international sanitary agreements provided for a period of thirty days. He referred in particular to Article 37 of the International Sanitary Convention of 1926.

*Decision:* It was agreed to replace the words "after such period" in paragraph 1 by the words "within thirty days from its departure from such an area".

Mr. HOSTIE explained that the footnote to Article 68 did not express what the Drafting Sub-Committee had intended, which was not to question the use of the term "live mosquito" but to point out that the word "adult" was employed in paragraph 1 of Article 68 but not in sub-paragraph 1 (b) of Article 69.

*Decision:* It was agreed to delete the word "adult".

#### Article 69 [77]

The text prepared by the Drafting Sub-Committee read :

1. On arrival of an infected or suspected ship or aircraft, the following measures may be applied by the health authority :

(a) in a receptive area, the measures provided for in Article 67 to any passenger or member of the crew who disembarks and is not in possession of a valid certificate of vaccination against yellow fever ;

(b) inspection of the ship or aircraft and destruction of any *Aedes aegypti* on board. In a yellow-fever receptive area, the ship may, until such measures have been carried out, also be required to keep at least four hundred metres from land.

2. The ship or aircraft shall cease to be regarded as infected or suspected when the measures ordered by the health authority in accordance with Article 33 and with paragraph 1 of this Article have been carried out and shall thereupon be given free pratique.

*Decision:* The article was adopted without comment.

#### Article 70 [78]

The text prepared by the Drafting Sub-Committee read :

On arrival of a healthy ship or aircraft coming from an infected local area, the measures provided for in sub-paragraph (b) of paragraph 1 of Article 69 may be applied. The ship or aircraft shall thereupon be given free pratique.

*Decision:* The article was adopted without comment.

#### Article 71 [79]

The text prepared by the Drafting Sub-Committee read :

A State shall not prohibit the landing of an aircraft at any sanitary airport in its territory as long as the measures provided for in paragraph 2 of Article 66 are applied. In a yellow-fever receptive area, however, aircraft coming from an infected area may land only at airports specified by the State for that purpose.

The CHAIRMAN noted that the word "local" should be inserted after the word "infected".

*Decision:* Article 71 was adopted with that correction.

**Article 72 [80]**

The text prepared by the Drafting Sub-Committee read :

On arrival of a train or a road vehicle in a yellow-fever receptive area, the following measures may be applied by the health authority :

- (a) isolation, as provided for in Article 67, of any person coming from an infected local area who is unable to produce a valid certificate of vaccination against yellow-fever ;
- (b) disinsecting of the train or vehicle if coming from an infected local area.

*Decision:* The article was adopted without comment.

**Article 73 [81]**

The text prepared by the Drafting Sub-Committee read :

In a yellow-fever receptive area the isolation provided for in Article 33 and in this Chapter shall be in mosquito-proof accommodation.

*Decision:* The article was adopted.

**Chapter V — Typhus, and Chapter VI — Relapsing Fever**

Dr. MOOSER (Switzerland), recalling that the delegate of South Africa had earlier proposed the deletion of the chapters concerned with typhus and relapsing fever, wished to make the same proposal himself. The control of those two diseases had become relatively simple and Article 24 would provide for action in case of emergency.

Dr. EL-HALAWANI noted that epidemics of typhus and relapsing fever often occurred after disturbances such as war. There had been epidemics of relapsing fever in Egypt after both the world wars. While it was true that disinsecting with modern insecticides was an effective safeguard, it was not always possible for certain countries to obtain sufficient supplies of such insecticides in wartime. The chapters in question should remain in the Regulations.

Dr. BERGMAN (Sweden) thought that if the chapters were deleted it might be necessary to apply the provisions of Article 24 rather frequently.

Mr. HASELGROVE (United Kingdom), supported by the United States delegation, considered that the persons directly concerned in international traffic and transport might prefer the specific provisions of

Chapters V and VI to the vaguer terms of Article 24 under which some health authorities might apply unnecessary and capricious measures.

Dr. MOAÏED HEKMAT (Iran) was particularly anxious, in view of the typhus epidemic which had broken out in his country after the second world war, that Article 82 should be maintained.

*Decision:* The proposal of the delegation of Switzerland was rejected by 15 votes to 1.

**Article 80 [88]**

The text, which remained unchanged in English, read :

For the purpose of these Regulations the incubation period of typhus is fourteen days.

*Decision:* The article was adopted without comment.

**Article 81 [89]**

*Decision:* The article, which remained as originally drafted (see page 21) was adopted.

**Articles 82 [90] and 85 [91] <sup>24</sup>**

The text prepared by the Drafting Sub-Committee for Article 82 read :

1. On departure from an infected local area any person on an international journey whom the health authority for that area considers is liable to spread typhus shall be disinsected. The clothes which such person is wearing, his baggage and any other article likely to spread typhus, shall be disinsected and, if necessary, disinfected.

2. A person on an international journey who has left an infected local area within the previous fourteen days may, if the health authority for the place of arrival considers it necessary, be disinsected and put under surveillance for a period of not more than fourteen days reckoned from the date of disinsecting. The clothes which such person is wearing, his baggage and any other article likely to spread typhus may be disinsected, and, if necessary, disinfected.

The text prepared by the Drafting Sub-Committee for Article 85 read :

On arrival, a ship or an aircraft, even when having on board an infected person or coming

<sup>24</sup> Articles 83, 84 and 86 were deleted, in accordance with decisions taken at the thirteenth meeting (see p. 99).

from an infected local area, shall forthwith be given free pratique.

A footnote by the Drafting Sub-Committee to this article read : The attention of the Special Committee is drawn to the fact that a ship having on board an infected person is given free pratique immediately, whereas paragraph 2 of Article 82 permits measures to be taken against persons on board.

The CHAIRMAN pointed out that to remove the discrepancy between Articles 82 and 85 indicated in the footnote to the latter, it would be necessary to insert a reference to ships or aircraft having cases of typhus on board.

After some discussion, he suggested that the following rough draft for Article 85 be remitted to the Drafting Sub-Committee :

If on arrival of a ship or aircraft there is a case of typhus on board, the ship or aircraft, after disposal of the case and the disinfection and the disinsection of the accommodation occupied by it, shall forthwith be granted free pratique.

*Decision :* The Chairman's suggestion was adopted. (For continuation of discussion on Article 85, see page 239.)

#### **Article 87 [93]**

The text, which remained unchanged in English, read :

For the purposes of these Regulations, the incubation period of relapsing fever is eight days.

*Decision :* The article was adopted without comment.

#### **Article 88 [94]**

The text prepared by the Drafting Sub-Committee read :

Articles 81, 82 and 85 with respect to typhus shall apply to relapsing fever but, if a person is placed under surveillance, the period of such surveillance shall not exceed eight days reckoned from the date of disinsecting.

*Decision :* The article was adopted without comment.

#### **Article 89 [95]**

The text prepared by the Drafting Sub-Committee read :

Bills of health, with or without consular visa, or any certificate, however designated, concerning health conditions of a port or airport, shall not be required from any ship or aircraft.

Dr. DE CARVALHO-DIAS (Portugal) feared that a number of reservations would be submitted with regard to Article 89. In the absence of the delegate for Brazil, he wished to point out that the Health Ministry of that country was formally opposed to the abolition of bills of health.

He recalled that bills of health were required under the Pan American Sanitary Code, as had been pointed out by the representative of Peru on the Interim Commission of WHO in September 1947.<sup>25</sup>

His own instructions were not precise on the matter. He simply wished to draw attention to the high number of countries still requiring bills of health and consular visas.

*Decision :* Article 89 was adopted.

#### **Article 90 [96]**

The text prepared by the Drafting Sub-Committee read :

1. The master of a ship shall, before arriving at its first port of call in a territory, ascertain the state of health on board, and he shall, on arrival, sign and deliver to the health authority for that port a Maritime Declaration of Health which shall be countersigned by the ship's surgeon, if one is carried.

2. The master, and the ship's surgeon if one is carried, shall supply any information required by the health authority as to health conditions on board during the voyage.

3. A Maritime Declaration of Health shall conform with the model specified in Appendix 5 to these Regulations.

At the suggestion of Dr. RAJA, the word " further " was added in paragraph 2 between the words " any " and " information ".

*Decision :* Article 90, as amended, was adopted.

#### **Article 91 [97]**

The text prepared by the Drafting Sub-Committee read :

1. The pilot in command of an aircraft, on landing at an airport, or his authorized agent, shall sign and deliver to the health authority for that airport a copy of that part of the Aircraft General Declaration which contains the health information specified in Appendix 6.

2. The pilot in command of an aircraft, or his authorized agent, shall supply any information

<sup>25</sup> *Off. Rec. World Hlth Org.* 6, 180

required by the health authority as to health conditions on board during the voyage.

The word "further" was added between "any" and "information" in paragraph 2.

*Decision:* Article 91, as amended, was adopted.

## **Article 92 [98]**

The text prepared by the Drafting Sub-Committee read :

1. The certificates specified in Appendices 1, 2, 3 and 4 to these Regulations shall be printed in English and in French. An official language of the territory of issue may be added.
2. The certificates referred to in paragraph 1 of this Article shall be completed in English or in French.

*Decision:* The article was adopted.

## **Article 92 (A) [99]**

The text prepared by the Drafting Sub-Committee read :

A vaccination document issued by the Armed Forces to a member of those Forces shall be accepted in lieu of an international certificate in the form shown in Appendix 2, 3, or 4 if :

- (a) it embodies medical information substantially the same as that required by such form ; and
- (b) it reproduces the text of this Article.

An exchange of views took place as to whether sub-paragraph (b), inserted by the Drafting Sub-Committee on its own initiative, was necessary.

Dr. BIRAUD, Secretary, said that the text as drafted would enable members of the Armed Forces in uniform to present certificates issued by the army authorities under whose orders they were serving. It further provided the possibility for recognition of such certificates even when submitted by discharged military personnel. In his view it would be useful to mention that the members of the Armed Forces should be in uniform.

Mr. CALDERWOOD (United States of America) explained that the purpose of sub-paragraph (b) was to enable a health authority to identify the vaccination document.

Dr. VAN DEN BERG (Netherlands) said that a certificate issued to an active member of the Armed Forces could remain valid after his discharge.

Mr. BEVANS (United States of America) proposed that the word "active" should be inserted before "member", in order to indicate the status of the person in question.

Replying to a point raised by Dr. EL-HALAWANI, Mr. HOSTIE said that members of the Armed Forces should be considered as automatically falling under the Regulations unless specifically excluded.

The CHAIRMAN agreed that the Regulations applied equally to members of the Armed Forces and civilians.

*Decisions :*

- (1) It was agreed, by vote, to retain sub-paragraph (b).
- (2) The United States proposal to add the word "active" before "member" was adopted.
- (3) Article 92 (A), thus amended, was adopted.

## **Article 93 [100]**

The text prepared by the Drafting Sub-Committee read :

No sanitary document, other than those provided for in these Regulations, shall be required in international traffic.

*Decision:* The article was adopted without comment.

*The meeting adjourned at 4.10 p.m. and was resumed at 4.30 p.m.*

## **Article 94 [101]**

The text prepared by the Drafting Sub-Committee read :

1. No charge shall be made by a health authority for :

- (a) any medical examination provided for in these Regulations, and any supplementary examination, bacteriological or otherwise, which may be required to ascertain the state of health of the person examined ;
- (b) any vaccination of a person on arrival and any certificate thereof.

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

- (a) conform with this tariff ;
- (b) be moderate and not exceed the actual cost of the service rendered ;
- (c) be levied without distinction as to the nationality, domicile, or residence of the person



concerned, or as to the nationality, flag, registry, or ownership of the ship, aircraft, carriage, wagon, or road vehicle. In particular, there shall be no distinction made between national and foreign persons, ships, aircraft, carriages, wagons, and road vehicles.

3. The tariff and any amendment thereto shall be published at least ten days in advance of any levy thereunder and notified immediately to the Organization.

*Decision:* The article was adopted without comment.

## Article 95

The CHAIRMAN recalled that the provisions of Article 95 had been covered by an addition to Article 22, following the adoption of the report of the Juridical Sub-Committee (see page 277 and minutes of the thirty-first meeting, page 213).

## Article 96 [102]

The text prepared by the Drafting Sub-Committee read :

These Regulations, and in addition Annexes A and B hereto, apply to the Pilgrimage.

*Decision:* The article was adopted without comment.

## Article 97 [103]

The text prepared by the Drafting Sub-Committee read :

1. Migrants or seasonal workers, and the ships, aircraft, trains or road vehicles carrying them, may be subjected to additional sanitary measures conforming with the laws and regulations of each State concerned, and any agreement concluded between any such States.

2. Each State shall notify the Organization of the provisions of any such laws and regulations or agreement.

*Decision:* The article was adopted without comment.

## Article 98 [104]

The text prepared by the Drafting Sub-Committee read :

1. Special arrangements may be concluded between two or more States having certain interests in common owing to their health, geographical, social, or economic conditions, in order to make the sanitary measures provided for in these Regulations more effective and less burdensome, and in particular with regard to :

(a) the direct and rapid exchange of epidemiological information between neighbouring territories ;

(b) the sanitary measures to be applied to international coastal traffic and to international traffic on inland waterways, including lakes ;

(c) the sanitary measures to be applied in contiguous territories at their common frontier ; or the combination of two or more territories into one territory for the purposes of any of the sanitary measures to be applied in accordance with these Regulations ;

(d) arrangements for carrying infected persons, by means of transport specially adapted for the purpose.

2. The arrangements referred to in paragraph 1 of this Article shall not be in conflict with the provisions of these Regulations.

3. States shall inform the Organization of any such arrangements which they may conclude.

At the suggestion of the CHAIRMAN, the following clause was added to paragraph 3 :

This information shall be immediately transmitted to all health administrations.

*Decision:* The article, as amended, was adopted.

## Article 67 [74] (continuation from page 232)

The CHAIRMAN read the revised text of Article 67 reached by agreement between the delegations of the United States of America and India.

The health authority for a yellow-fever receptive area may require a person on an international journey, who arrives there from an infected local area and is unable to produce a valid certificate of vaccination against yellow fever, to be isolated for a period not exceeding 9 days reckoned from the date of the last possible exposure to infection. The period of isolation may, however, be terminated by the health authority when the certificate of vaccination becomes valid.

Mr. HOSTIE pointed out that the draft was not only legally unsound but undesirable because it might lead to arguments a contrario. The last clause of the article served no useful purpose, because the period of isolation in the first instance did not, in any case, exceed 9 days, and a health authority could take any measures it saw fit within the maximum measures laid down.

Dr. BELL said he had agreed to the compromise draft simply because of the emphasis placed by some

countries on the need for extra protection, as well as to avoid reservations being made to the article unless so worded.

The CHAIRMAN said that the proposed text was in conflict with the terms of paragraph 3 of Article 65, namely that a person holding a valid certificate of vaccination against yellow fever should not be regarded as a suspect.

Dr. JAFAR (Pakistan) considered that, if the committee accepted the proposal made during an earlier discussion (see minutes of the fifteenth meeting, page 112) that the certificate of vaccination against yellow fever should become valid on the twelfth day following vaccination in the case of a person coming from an infected area, the problem before the committee would be solved.

The CHAIRMAN said that acceptance of the proposal would mean that persons arriving in the South American and African countries would have to wait an extra two days before their certificate became valid, in spite of the fact that the authorities of those countries did not desire any additional safety margin.

Dr. JAFAR observed that conditions in Eastern and Western countries in respect of yellow fever had always been different. The Eastern countries were most anxious to have a margin of safety. He was under the impression that the Yellow-Fever Panel had reached a compromise of 12 days but Pakistan at present required 15 days.

Dr. RAJA wondered whether the terms of paragraph 3 of Article 65 were really valid from the epidemiological point of view. That paragraph only covered a person who, having attained full immunity after vaccination, exposed himself to infection, but not the person who proceeded to receptive areas before reaching a proper immunity level. The committee should not be tied down by procedure, but should approach the matter from a scientific point of view in order to achieve the purpose in mind.

The CHAIRMAN read the unanimous conclusions reached by the Yellow-Fever Panel, namely that, for the purpose of quarantine, certificates of inoculation against yellow fever should be considered valid as from the tenth day to the end of the sixth year following inoculation.<sup>26</sup> That decision could not be disregarded.

*Decision:* Article 67 was adopted as drafted by the Drafting Sub-Committee.

### Preamble

The text prepared by the Drafting Sub-Committee read :

The ... World Health Assembly,

Considering that one of the principal aims of international co-operation in public health is the eradication of disease ; that continued efforts are required to achieve such eradication ; that there is a continuing danger of the spread of communicable diseases and that international regulations are still necessary to limit the extension of outbreaks of disease ;

Recognizing the need to revise and consolidate the provisions of the several International Sanitary Conventions and similar Arrangements at present in force by replacing these Conventions and Arrangements by International Sanitary Regulations which are more fitted to the several means of international transport and which will more effectively ensure the maximum security against the international spread of communicable diseases ; with the minimum interference with world traffic ;

Considering that, by virtue of such Regulations, periodical revisions of international measures, to take into account, *inter alia*, the experience gained and the progress of science and technique, will be facilitated ;

Having regard to Articles 2 (*k*), 21 (*a*), 22, 29 and 64 of the Constitution of the World Health Organization,

ADOPTS, this ... 19..., the following Regulations which are hereinafter referred to as "these Regulations" :

Instead of the phrase "spread of communicable diseases" in the second paragraph of the Preamble, the Drafting Sub-Committee suggested "spread of certain diseases which lend themselves to practical quarantine measures" or "spread of disease".

Dr. RAJA thought the second paragraph should indicate that the draft International Sanitary Regulations were the first of a series of regulations on epidemic diseases.

Dr. HEMMES (Netherlands) noted that the three possible suggestions for the completion of paragraph 2 mentioned the spread of diseases from one country to another. None of the suggestions could be accepted in view of the terms of the new paragraph 1 of Article 75 (see page 240), and the Drafting

<sup>26</sup> *World Hlth Org. techn. Rep. Ser.* 1950, 19, 8

Sub-Committee should be requested to complete the Preamble in accordance with that new paragraph. His delegation did not consider that vaccination against smallpox or surveillance should be imposed on travellers from non-infected local areas, who were not dangerous for the spread of disease from one country to another.

Dr. EL-HALAWANI thought that the term "spread of disease" was too wide. The introduction to the Regulations should refer to quarantinable and epidemic diseases.

The CHAIRMAN suggested that the second paragraph should be amended to read :

Recognizing the need to revise and consolidate the provisions of the several International Sanitary Conventions and similar Arrangements at present in force by replacing these Conventions and Arrangements by a series of International Sanitary Regulations...

Mr. HOSTIE said that the words "spread of disease" would be more in conformity with Article 21 (a) of the Constitution of WHO.

Dr. VAN DEN BERG (Netherlands) said that his delegation was unable to accept any of the proposed suggestions.

Mr. HASELGROVE said that his delegation was in favour of the words "spread of certain diseases which lend themselves to practical quarantine measures" but was opposed to any reference in the wording to a series of further regulations. He proposed that the paragraph beginning with the words "Considering that, by virtue of such Regulations..." should be replaced by the third paragraph of the original draft (see page 10) which in his opinion was clearer.

Dr. RAJA failed to see why the Preamble should be confined to the six quarantinable diseases. It should indicate the attempt being made to deal with the eradication of diseases generally. That was not contrary to any principle in the Constitution; indeed, to omit such a reference would be inconsistent with the terms of Article 21 (a) of the Constitution. He, too, preferred the second suggestion.

Mr. STOWMAN (United States of America) supported the United Kingdom proposal to replace the third paragraph by the wording in the original text. The Preamble should be forceful and make it clear that something new and important was contemplated.

He did not see the reason for a reference in the Preamble to the provisions of paragraph 1 of Article 75, as suggested by the Netherlands delegation.

Dr. JAFAR, seconded by Dr. RAJA, proposed that the amendment to the second paragraph suggested by the Chairman should be accepted.

#### *Decisions:*

(1) The amendment to the second paragraph proposed by the Chairman was adopted by 13 votes to 4.

(2) A United States proposal to accept the Drafting Sub-Committee's third suggestion ("spread of disease") for the second paragraph was adopted by 13 votes to 2.

(3) The United Kingdom proposal to replace the third paragraph by the original wording was rejected by 11 votes to 6.

(4) The third paragraph was amended to read : "Considering that, by virtue of such replacement, periodical revisions of international sanitary measures, to take into account, inter alia, the changing epidemiological situation, the experience gained and the progress of science and technique will be facilitated".

(5) The Preamble, as amended, was adopted.

#### **Article 85 [91] (continuation from page 234)**

The CHAIRMAN read the revised text of Article 85 as prepared by the Drafting Sub-Committee :

On arrival a ship or aircraft shall be regarded as healthy even if there is an infected person on board, but Article 33 may be applied and the accommodation occupied by such a person, which is considered by the health authority to be contaminated, may be disinfected and, if necessary, disinfected. The ship or aircraft shall thereupon be given free pratique.

At the suggestion of Dr. BARRETT, it was agreed to insert after "person" the words "together with his clothes, baggage and bedding".

*Decision:* Article 85, as amended, was adopted.

#### **Article 86 [92]**

At the suggestion of the CHAIRMAN, who pointed out the need, in the case of typhus, for a provision covering arrivals by train or road vehicle, it was agreed to restore the provisions of Article 86 as contained in the original draft (see page 21),

namely that the measures prescribed in Article 85 [91] would apply to such cases.

## 2. Death of Dr. Geraldo de Paula Souza

The CHAIRMAN read a telegram dated 3 May announcing the sudden death of Dr. de Paula Souza.

The members of the Special Committee stood for one minute in silence in honour of the memory of a valued and beloved colleague.

*The meeting rose at 6 p.m.*

## THIRTY-FIFTH MEETING

*Friday, 4 May 1951, at 9.30 a.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

### 1. Review of Draft International Sanitary Regulations prepared by the Drafting Sub-Committee (continuation from thirty-fourth meeting)

The CHAIRMAN reminded the committee that discussion on the articles in Chapter IV—Smallpox—had been deferred pending the combination by the Drafting Sub-Committee of the proposals of the United Kingdom and United States delegations for Articles 75, 76 and 77.

#### Article 74 [82]

*Decision:* The text, which remained as originally drafted (see page 20) was adopted without comment.

#### Article 75 [83]

The text prepared by the Drafting Sub-Committee read :

1. A State may require any person arriving in its territory on an international voyage to possess a certificate of vaccination against smallpox. Any such person who cannot produce such a certificate may be vaccinated and thereupon given a certificate of vaccination : if he refuses to be vaccinated, he may be placed under surveillance.

2. A person on an international voyage, who during the fourteen days before his arrival has visited an infected local area and who in the opinion of the health authority is not sufficiently protected by vaccination or by a previous attack of smallpox, may be required to be vaccinated, or may be placed under surveillance, or be vaccinated and then placed under surveillance : if he refuses to be vaccinated, he may be isolated. A certificate of vaccination performed in time to permit the

development of immunity shall be given consideration as evidence of sufficient protection.

3. The period of surveillance or isolation shall not in any case exceed fourteen days reckoned from the date of departure of the person from an infected local area or, if he is not known to have visited such an area, from the date of his departure from the last territory visited before arrival.

*Decision:* The article was adopted.

#### Article 76 [84]

The text prepared by the Drafting Sub-Committee read :

1. A ship or an aircraft shall be regarded as infected if it has or has had a case of smallpox on board, and it shall remain infected until all infected persons have been removed and the measures prescribed in Article 77 have been effectively carried out.

2. Any other ship or aircraft shall be regarded as healthy, even though there may be suspects on board, but any such suspect may on disembarking be subjected to the measures provided for in Article 77.

*Decision:* The article was adopted without comment.

#### Article 77 [85]

The text prepared by the Drafting Sub-Committee read :

1. On arrival of an infected ship or aircraft the health authority

(a) shall offer vaccination to any person on board who, in its opinion, is not sufficiently protected against smallpox ;

(b) may, for a period not exceeding fourteen days reckoned from the last exposure to infection, isolate or place under surveillance any person disembarking, but the health authority shall take into account the previous vaccinations of the person and the possibility of his exposure to infection in determining the period of such isolation or surveillance ;

(c) shall disinfect

(i) any baggage of any infected person or suspect, and

(ii) any other article such as used bedding or linen, and any part of the ship or aircraft, which may be contaminated.

2. A ship or an aircraft shall cease to be regarded as infected when the measures required by the health authority in accordance with Article 33 and with paragraph 1 of this Article have been effectively carried out. The ship or aircraft shall thereupon be given free pratique.

*Decision:* On the proposal of the delegate of the United States of America it was agreed to delete "or suspect" in paragraph 1 (c) (i) and to insert in paragraph 1 (c) (ii) the word "baggage" before "used bedding".

#### **Article 78 [86]**

The text prepared by the Drafting Sub-Committee read :

On arrival, a healthy ship or aircraft, even when coming from an infected local area, shall be given free pratique.

*Decision:* The article was adopted without comment.

#### **Article 79 [87]**

*Decision:* The article, which remained as originally drafted (see page 21), was adopted without comment.

#### **Definition of "Ship's Surgeon"**

The text prepared by the Drafting Sub-Committee read :

"Ship's surgeon" in the case of a pilgrim ship, means a medical practitioner employed on a pilgrim ship as required by Article 7 of Annex B of these Regulations, or, if there are two or more such medical practitioners so employed, the senior of them.

*Decision:* The definition was adopted without comment.

#### **Article 24 (B) [29]**

The text prepared by the Drafting Sub-Committee read :

A health authority may take all practicable measures to control the discharge from any ship of sewage and refuse which might contaminate the waters of a port, river or canal.

*Decision:* The article was adopted without comment.

#### **Article 2 [2]**

The text prepared by the Drafting Sub-Committee read :

1. For the application of these Regulations, each State recognizes the right of the Organization to communicate directly with the health administration of its territory or territories. Any notification or information sent by the Organization to the health administration shall be considered as having been sent to the State, and any notification or information sent by the health administration to the Organization shall be considered as having been sent by the State.

2. The Organization shall send to all health administrations as soon as possible and by the means appropriate to the circumstances, all epidemiological notifications and other information it has received under these Regulations, particularly under Articles 3 to 8 (A). Communications of an urgent nature shall be sent by telegram or telephone.

*Decision:* The article was adopted, subject to the insertion of the word "inclusive" after "Articles 3 to 8 (A)", in paragraph 2 of the English text.

#### **Article 10 (B) [12]**

The text prepared by the Drafting Sub-Committee read :

Any telegram sent, or telephone call made, for the purposes of Articles 3 to 8 inclusive and Article 10 shall be given the priority appropriate to the circumstances : in any case of exceptional urgency where there is risk of the spread of a quarantinable disease, the priority shall be the highest available under international telecommunication agreements.

Mr. BEVANS (United States of America) suggested that the final phrase be amended to read "...the priority shall be the highest accorded to telegrams and telephone calls under international telecommuni-

cation agreements". He disagreed with a proposal by Mr. HASELGROVE (United Kingdom) to insert the word "such" before "telegrams", saying that it would be equivalent to a limitation.

A long discussion ensued. The United Kingdom delegation took the view that it was not for the Special Committee, or for the Health Assembly, to attempt to legislate regarding the priority which should be accorded in any circumstances: they could only state that it should be "the highest priority available to such telegrams under international telecommunication agreements". It was for the International Telecommunication Union to decide the priority which could be given to any telegram or telephone call. The question was understood to be on the agenda of the forthcoming general conference of the Union. The object of Article 10 (B) was to ensure that governments would use the highest priority available.

The United States delegation, on the other hand, held that it would be meaningless to use the words "such telegrams, etc." The point at issue was whether the committee should be satisfied with the rights conferred by the international telecommunication agreements or whether they should ensure the priority desired for health administrations. In the opinion of the United States delegation, it was up to the committee to decide what priority it believed epidemiological telegrams should have and then to request that such priority be given those telegrams in the ITU conventions.

M. GEERAERTS (Belgium) said that the question had been discussed at length in the Drafting Sub-Committee and the text submitted had been drafted in the widest possible sense so as to obtain all the advantages likely to result from any further convention which might be adopted by ITU. In his opinion, it might be dangerous to be more precise.

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, stated that under existing International Sanitary Conventions there was a clear-cut priority for epidemiological telegrams and telephone calls. By the provisions of Article 99 of the draft Regulations, it was proposed to abrogate those conventions, but, in lieu, it was not at present possible to take advantage of the benefits of the ITU convention because any changes in the existing ITU convention could only come into operation at a later date. The present ITU convention and regulations were unsatisfactory, but legally the provisions of the existing International Sanitary Conventions

relating to telecommunications priorities, being special provisions, whereas the ITU convention was a set of general provisions, would remain in force until abrogated by Article 99 of WHO Regulations No. 2.

In reply to Mr. BEVANS, Mr. Hostie said he considered that the Special Committee had the right to make provision in the Regulations for priority.

Mr. Bevans proposed that the phrase "the priority shall be the highest available under international telecommunication agreements" be amended to read "the priority shall be the highest accorded to telegrams or telephone calls".

*Decision:* The proposal was adopted by 10 votes to 6.

## Article 22 [24]

The text prepared by the Drafting Sub-Committee read:

Sanitary measures and health formalities shall be initiated forthwith, completed without delay and applied without discrimination.

*Decision:* The article was adopted without comment.

## Article 28 [33]

The text prepared by the Drafting Sub-Committee read:

1. No sanitary measure, other than medical examination, shall be applied to a healthy ship, as specified in Part V, which passes through a maritime canal or waterway in the territory of a State on its way to a port in the territory of another State, unless such ship comes from an infected local area or has on board any person coming from an infected local area, within the incubation period of the disease with which the local area is infected.

2. The only measure which may be applied to such a ship coming from such an area or having such a person on board is the stationing on board, if necessary, of a sanitary guard to prevent all unauthorized contact between the ship and the shore.

3. A health authority shall permit any such ship to take on, under its control, fuel, water and stores.

4. An infected or suspected ship which passes through a maritime canal or waterway may be treated by the health authority for the maritime

canal or waterway as if it were calling at a port in the same territory.

*Decision:* The article was adopted, subject to the addition to paragraph 2 of the words "and to supervise the application of the provisions of Article 24 (B).

## Article 85 [91]

The text prepared by the Drafting Sub-Committee read :

On arrival, a ship or an aircraft shall be regarded as healthy, even if there is an infected person on board, but Article 33<sup>1</sup> may be applied and the accommodation occupied by such person which is considered by the health authority to be contaminated may be disinfected and, if necessary, disinfected. The ship or aircraft shall thereupon be given free pratique.

*Decision:* The article was adopted.

## Article 54 [61] (continuation from page 227)

Dr. BIRAUD, Secretary, said he had been instructed by the Director-General, who had had consultations with the WHO officials concerned with biological standardization, to say that the text adopted by the committee for paragraph 2 of Article 54 might cause serious difficulties. The latter part of the paragraph was acceptable but there was objection to the statement that standards for anticholera vaccines might be drawn up in the form of regulations.

The Director-General has been advised that the Expert Committee on Biological Standardization did not wish the various standards which had gradually been established and modified when necessary to be crystallized in the form of regulations, since it would be difficult to make, sufficiently quickly, the modifications required to keep pace with the progress of science. The same applied to other recommended practices in relation to insecticides, etc.

Dr. VAN DEN BERG (Netherlands) thought that the objections mentioned by the Secretary were based on a misinterpretation of the committee's decision. It had been decided, as the only correct legal solution, that countries could continue to use their own standards until the Organization had adopted regulations.

So long as countries were prepared voluntarily to accept standards recommended by the Organization, there was no need to specify them in regulations. But the committee should not attempt to make such standards indirectly binding on States

since governments not prepared to accept them would make reservations in respect of Article 54. It would therefore be dangerous, in his opinion, to revise the decision already taken.

Dr. EL-HALAWANI (Egypt) thought that the article as drafted implied that there were at present no recognized standards for vaccines.

The SECRETARY suggested deleting the first part of paragraph 2, which would then read :

The standards for anticholera vaccines in force in the countries where the vaccine is administered shall be accepted.

The CHAIRMAN proposed to add, at the end of that sentence, "by all health administrations".

Mr. HOSTIE said that, legally, the amendment would be in order.

*Decision:* Paragraph 2 was adopted as amended.

## Part IX — Final Provisions, Part X — Transitional Provisions, and Appendices 1 to 6

*Decision:* It was agreed to adopt, without further scrutiny, the articles in Parts IX and X and Appendices 1 to 6.

### 2. Special Measures for the Protection of Isolated Communities : Draft Resolution submitted by the Delegation of Denmark (continuation from thirty-third meeting, page 224)

Dr. LORCK (Denmark) introduced the draft resolution on special measures for the protection of isolated communities which the delegation of Denmark proposed should be submitted by the Special Committee to the Health Assembly for consideration. The draft resolution read :

Whereas measures other than those specified in WHO Regulations No. 2 are needed to protect isolated communities into which the introduction of epidemic diseases other than the quarantinable diseases may cause considerable loss of life, owing to the extreme receptiveness of these populations to such diseases ;

Whereas such measures should be the object of careful studies from the scientific and practical points of view,

The Fourth World Health Assembly

REQUESTS the Executive Board to entrust such studies to the appropriate WHO committee referred to in document A3-4/SR/59, this com-

mittee being requested to take into consideration the suggestions contained in documents A3-4/SR/38 and A3-4/SR/62.<sup>27</sup>

Professor ALIVISATOS (Greece) recalling the epidemic of measles in the Faroe Islands in 1848 when the whole population was affected, with the exception of persons over the age of 70, stressed that it was very difficult to take measures for protection against many communicable diseases because infection was passed on during the incubation period. For that reason he felt that the Danish proposal was premature.

*Decision:* The draft resolution proposed by the delegation of Denmark was adopted:

### 3. Costs of Isolation : Draft Resolution submitted by the Delegation of the United Kingdom

Mr. HASELGROVE (United Kingdom) said the draft resolution on the costs of isolation had been prepared by the delegation of the United Kingdom in collaboration with the delegate of India (see page 224). The text proposed read :

The Fourth World Health Assembly,

Having regard to the provisions included in WHO Regulations No. 2 for the temporary isolation, in certain circumstances, of travellers arriving from other territories in order to prevent the risk of introduction into a territory of a quarantinable disease, and

Considering that in cases where the health authority decides to impose upon travellers arriving in a territory the measure of isolation in relation to quarantinable or other diseases, the cost should not be required to be borne by either the traveller himself or the transport service by which he has been conveyed,

RESOLVES that Member States should apply the principle that the cost of imposing isolation, under suitable conditions which shall be determined by the health authority, upon travellers arriving in a territory should be borne by the authorities of the territory of arrival.

Dr. EL-FAR Bey (Egypt) opposed the draft resolution. A passenger who had to be isolated because

<sup>27</sup> Document A3-4/SR/59 contained the draft resolution proposed by the delegate of the Union of South Africa on the functions of the expert committee to deal with the application of the International Sanitary Regulations and the existing International Sanitary Conventions (see p. 179). Documents A3-4/SR/38 and A3-4/SR/62 contained respectively the text for a new article proposed by the delegate of Australia for the protection of isolated communities and an amended text for the same article submitted by the Director-General (see pp. 224-5).

he had not fulfilled his obligations under the Regulations should bear the expense involved.

Dr. EL-HALAWANI, considering that it was unjustifiable to impose on governments the expenses of isolation, which might be considerable, proposed deferring a vote on the resolution pending further consideration.

*Decision:* The proposal of the delegate of Egypt was adopted by 7 votes to 4.

### 4. Arrival of the Chief Delegate of Viet Nam

The Special Committee invited Dr. Phan Huy Dan, Chief Delegate for Viet Nam, who had just arrived, to take part in the meeting.

### 5. Memorandum introducing the International Sanitary Regulations and outlining the Principles on which they are based

The CHAIRMAN said the Expert Committee on International Epidemiology and Quarantine had requested the Director-General to submit to the Special Committee, with the draft International Sanitary Regulations a memorandum giving a short history of events leading up to the preparation of the Regulations and a brief general explanation of the situation with regard to quarantinable diseases and the measures which it was proposed should be taken. The expert committee had felt that if an explanatory document accompanied the Regulations there would be no need to include recommendations in the Regulations themselves. Since the Special Committee had hardly the time to consider the document prepared by the Director-General (in consultation with members of the expert committee) he asked the committee whether it wished to forward the document to the Health Assembly or adopt a short resolution suggesting to the Health Assembly that an explanatory memorandum, which might be somewhat fuller than the one prepared for consideration by the committee, should be sent to governments with the Regulations.

Dr. VAN DEN BERG, Dr. BELL (United States of America) and Dr. PADUA (Philippines) supported the second alternative suggested by the Chairman.

Replying to Dr. EL-HALAWANI, who asked what was the legal value of the document in relation to the Regulations, Mr. HOSTIE said it should be made clear that such a memorandum was not a part of the Regulations and would have no binding legal effect. On the other hand, it would express opinions which,



although not authoritative in the legal sense of the word, would no doubt be an extremely valuable guide for the interpretation of the Regulations.

Dr. EL-HALAWANI considered that, if the document had a semi-legal value, it should be discussed in detail by the Special Committee because it might contain views which were not held by some of the members.

The CHAIRMAN explained that if his proposal were adopted no further action would be taken on the document prepared by the Director-General.

*Decision:* It was unanimously decided to recommend to the Health Assembly that an explanatory memorandum should accompany the International Sanitary Regulations when distributed to governments and the following draft resolution was adopted :

The Special Committee proposed the following resolution to the Health Assembly for consideration :

The Fourth World Health Assembly,

Considering the need for full and precise understanding of the Regulations by the health administrations which are to apply them,

INVITES the Director-General to prepare a memorandum giving such technical and legal explanations of the different chapters of WHO Regulations No. 2 as will facilitate their understanding, adoption and later application by the national health-administrations.

#### 6. Criteria for determining the Limits of Yellow-Fever Endemic Zones : Draft Resolution submitted by the Delegation of Belgium (continuation from page 231)

M. BOSMANS (Belgium) recalled that under Article 63 of the Regulations yellow-fever endemic zones were to be delimited by WHO in consultation with the States concerned. The Special Committee having deemed it inadvisable to study the criteria on which delineation should be based, the Belgian delegation proposed that the following draft resolution should be presented to the Health Assembly for approval.

Considering that yellow-fever endemic zones are to be delineated by the Organization in consultation with each of the States concerned and may be altered similarly from time to time ;

Considering that the committee has not deemed it advisable to embark on a study of the criteria

which will permit, or have already permitted, the Organization to include entire territories or parts of territories in the yellow-fever endemic zones ;

Considering that

(1) the present definition is based on two conditions : (a) the presence of *Aedes aegypti* ; and (b) the persistence of the virus among jungle animals over long periods of time ;

(2) the method adopted for delineation has been and continues to be based on examination for immunity in man by the " mouse-protection test " and that these limits far exceed the jungle areas,

The Fourth World Health Assembly

REQUESTS the Director-General to take the steps necessary for the definition of the criteria to be adopted in the delineation of endemic zones in accordance with the definition which has been given of these zones.

Dr. VAN DEN BERG seconded the proposal.

The SECRETARY suggested, and the delegate of Belgium accepted, the following amendment to the operative paragraph of the draft resolution :

REQUESTS the Executive Board and the Director-General to take the steps necessary for the study and determination of the criteria to be adopted in the delineation of yellow-fever endemic zones in accordance with WHO Regulations No. 2.

*Decision:* The draft resolution proposed by the delegation of Belgium was adopted as amended.

#### 7. Final Revision of the Draft International Sanitary Regulations

The CHAIRMAN said that the Chairman of the Drafting Sub-Committee had suggested that the Director-General should arrange to complete the final text of the Regulations, if possible by 9 May but in any case not later than 11 May, and that the members of the Drafting Sub-Committee still in Geneva should then finally revise the whole text in order to co-ordinate the French and English texts and to ensure consistency, without in any way modifying the substance. The Special Committee would be convened during the Fourth World Health Assembly as a committee of that Assembly, for formal approval of the Regulations before submission to the plenary meeting of the Fourth World Health Assembly by its Rapporteur, Dr. Raja.

The SECRETARY said that every effort would be made to prepare the final text by 11 May at the latest.

*Decision:* It was agreed that the Drafting Sub-Committee should review a final text of the Regulations prepared by the Secretariat.

### 8. Closure of the Session

The CHAIRMAN, in closing the session, said that the Special Committee owed a particular debt of gratitude to the Drafting Sub-Committee, whose smooth, regular work had obviated any delay in the proceedings in plenary session. He warmly thanked the members

of the committee for their unfailing goodwill and readiness to compromise during the discussions, and expressed appreciation of the work of the Secretariat.

Dr. VAN DEN BERG, supported by Dr. PADUA thanked the Chairman on behalf of the Special Committee for the very able way in which he had conducted the proceedings under conditions made difficult by the complexity of the subject and the shortness of the time available.

The CHAIRMAN declared the session closed.

*The meeting rose at 11.30 a.m.*

## THIRTY-SIXTH MEETING

*Tuesday, 15 May 1951, at 2.30 p.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

### 1. Presentation of the Report of the Drafting Sub-Committee

The CHAIRMAN asked Mr. Calderwood (United States of America), as Chairman of the Drafting Sub-Committee, to present its report (see page 286).

Mr. CALDERWOOD (United States of America), Chairman of the Drafting Sub-Committee, said that he would neither read nor comment on the report, which had already been distributed.

The CHAIRMAN said that there would be no discussion on the revised draft of the Regulations<sup>28</sup> at the present meeting, but at the following meeting on Saturday, 19 May, consideration would be given to a draft resolution to be submitted with the draft Regulations to the Fourth World Health Assembly, for adoption and eventual transmission to governments.

<sup>28</sup> The revised draft is not reproduced in this volume. It incorporates the amendments introduced by the Special Committee to the text prepared previously by the Drafting Sub-Committee and discussed at the twenty-seventh to thirty-fifth meetings, together with certain changes of style made subsequently by the Drafting Sub-Committee.

Many of the articles in the revised draft are as they appear in the final text. Others, to which changes were later made by the Committee on International Sanitary Regulations of the Fourth World Health Assembly, are reproduced in the minutes of the meetings of that committee.

### 2. Kamaran Quarantine Station

The CHAIRMAN, recalling the decision taken at the thirty-second meeting of the Special Committee (see page 222) that the delegations of India, Indonesia, Pakistan, Philippines, Saudi Arabia and the United Kingdom, should consider the maintenance of the Kamaran Quarantine Station pending the entry-into-force of the International Sanitary Regulations, said a meeting of a working party composed of those delegations, would be held on the following day.

He also recalled resolution EB7.R88 passed by the Executive Board, at its seventh session, requesting the Special Committee to consider the question and report on it to the Fourth World Health Assembly.

### 3. Statement by Dr. Soper, Director, Regional Office for the Americas, on the Incubation Period of Yellow Fever

Dr. SOPER, Director, Regional Office for the Americas, made a statement, limited to facts of a scientific nature, which he thought should be taken into consideration if the Regulations were to be recognized as authoritative, as had been intended.

He said that as, during the past 50 years, yellow fever had not been observed in any individual after more than six days from the date of departure from an infected area, there was no justification for applying any restrictions after six days from last possible contact with an infected area.

The date of production of immunity following vaccination had been discussed by the Yellow-Fever Panel and, as a compromise, the panel had agreed to the tenth day after vaccination. But in no case did the panel agree to any lengthening of the period of restriction beyond the period of six days. When any person had been vaccinated for ten or more days, no restrictions were to be imposed.

Dr. Soper then drew a chart on a blackboard to show how vaccination would cut short, rather than lengthen, the period of restricted movement. Counting the days following vaccination on which a person left an infected area, it was indicated that a person leaving an infected area during the first four days after vaccination would be subject to control for a six-day period. Leaving on the fifth day, however, he should be restricted for only five days to complete the ten-day period. On each following day the period of restriction would diminish correspondingly, so that on the tenth day he would be free from control.

Dr. Soper thought that was the logical way in which to use the ten-day period, and hoped that members of the committee would discuss the matter among themselves in the interval before the next meeting, so that they might have an understanding of the elements involved.

Following an invitation by the CHAIRMAN to members to put any questions they wished to Dr. Soper, Dr. RAJA (India) said that, as he thought the matter required more detailed presentation than

that given by Dr. Soper, he would reserve his comments until the following meeting.

#### **4. Annex A of the Draft International Sanitary Regulations : Statement by the Delegate of Saudi Arabia**

Dr. PHARAON (Saudi Arabia) said that, after examining the draft Regulations and the annexes in the light of the Special Committee's discussions, he had reached the conclusion that, so far as prophylaxis and hygiene were concerned, Annex A offered no more guarantees for the sanitary protection of pilgrimages, and consequently of the world in general, than did the Regulations themselves.

Believing that it was the duty of the Special Committee to lay the foundations of a generally applicable international legislation, Dr. Pharaon said that his delegation, jointly with some others, would circulate a proposal to replace Annex A by measures, international and periodic in character, which could be applied to any large gathering of people. The adoption of such measures would, in the opinion of his delegation, be in conformity with both the spirit and the letter of the Constitution of WHO.

The CHAIRMAN said that when such proposal had been circulated it could be determined whether it could be dealt with by the Special Committee or whether it must be submitted to the Health Assembly.

*The session was closed at 2.50 p.m.*

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## SUB-COMMITTEE ON THE MECCA PILGRIMAGE

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### FIRST MEETING

*Wednesday, 11 April 1951, at 2.15 p.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

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#### 1. Election of Chairman

On the proposal of Dr. RAJA (India), Dr. Morgan (United Kingdom) was unanimously elected Chairman and took the Chair.

#### 2. Election of Vice-Chairmen

It was agreed that there should be two vice-chairmen.

Dr. DUJARRIC DE LA RIVIÈRE (France) nominated the delegate of Egypt and Dr. DAENGSVANG (Thailand) nominated the delegate of Pakistan. Dr. JAFAR (Pakistan), having declined to stand for election, Dr. DUJARRIC DE LA RIVIÈRE nominated the delegate of Italy.

The delegates of Egypt and Italy were unanimously elected Vice-Chairmen.

#### 3. Election of Rapporteur

On the proposal of Dr. DAENGSVANG the delegate of Syria was unanimously elected Rapporteur.<sup>1</sup>

#### 4. Consideration of Annex A of the Draft International Sanitary Regulations

Mr. VAN'T HAAFF (Netherlands), referring to Article 96 of the draft Regulations, suggested that care should be taken to assure that Annexes A and B had the same force and were as binding on States as the Regulations themselves. Article 21 of the Regulations stated that the measures prescribed were the maximum measures which a State might require, but certain of the measures in Annexes A and B appeared to be minimum measures.

The CHAIRMAN replied that the intention of Article 96 was to make Annexes A and B an integral part of the Regulations.

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<sup>1</sup> As Dr. Sadat had to leave before the Sub-Committee on the Mecca Pilgrimage completed its work, his functions were taken over by Dr. Aractingi.

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, confirmed the Chairman's statement and further explained that Article 21 applied equally to the Annexes in so far as their optional provisions, indicated by the use of the word "may", were concerned.

#### Definitions of "Pilgrim" and "Pilgrimage"

The CHAIRMAN, in reply to Dr. JAFAR, said that the definition of "pilgrim" must be taken in conjunction with that of "Pilgrimage". It applied to any person making the Pilgrimage to the Hedjaz from any place in the world.

Replying to a question by Dr. MA'MOEN (Indonesia), the CHAIRMAN said the provisions concerned only the Pilgrimage to the Hedjaz, because that pilgrimage constituted the largest international movement of population in the world taking place regularly under conditions which tended to menace certain countries with the spread of disease.

*Decision:* The definitions of "pilgrim" and "Pilgrimage" were accepted without change.

#### Article 1 [A 1]

Mr. HASELGROVE (United Kingdom) proposed adding the words "within the past six days"—the incubation period for yellow fever—after "infected local area" in paragraph 1.

Dr. RAJA (India) considered that, if the proposal were adopted, the requirement for certificates against cholera and smallpox should also apply only to pilgrims having left an infected local area within the incubation period of those diseases.

The CHAIRMAN felt that such an extension of the proposal would complicate matters considerably. He suggested that the delegate of the United Kingdom had made the proposal in connexion with yellow fever because pilgrims sometimes worked their way to the Hedjaz having left a yellow-fever infected area many years before.

Dr. RAJA withdrew his suggestion.

Dr. MA'MOEN considered the addition proposed by the delegate of the United Kingdom unnecessary, since the period of validity of the yellow-fever certificate was indicated in the footnote to the certificate.

The CHAIRMAN pointed out that the question at issue was whether or not a certificate of vaccination against yellow fever was to be required of pilgrims who had left a yellow-fever infected area more than six days before arrival in the Hedjaz.

*Decision:* The proposal of the delegate of the United Kingdom was accepted, the exact wording being left to the Drafting Sub-Committee.

Dr. LENTJES (Netherlands), referring to paragraph 1 (b) of Article 3 and the footnote to the certificate of vaccination against cholera, considered that for the protection of the ship it would be logical to require a valid certificate against cholera before departure. He therefore proposed the addition of "and cholera" after "smallpox" in paragraph 1 of Article 1 and in paragraph 1 (a) of Article 3, and the deletion of paragraph 1 (b) of Article 3.

Dr. GAUD (France) considered that Article 1, as drafted, did not express satisfactorily the intention of the Expert Committee on International Epidemiology and Quarantine. That committee had decided, after lengthy discussion, that a single injection was sufficient in normal circumstances, but that in the case of persons going on a pilgrimage, for instance, two injections were necessary. The text should be modified in order to make clear that pilgrims could leave after one injection, the second being given during the voyage.

*Decision:* The text of Article 1 was referred to the Drafting Sub-Committee for revision in respect to the requirements concerning the certificate of vaccination against cholera.

A discussion took place on the question, raised by Dr. ARACTINGI (Syria) of the desirability of

requiring from pilgrims a certificate of stool examination.

Dr. GAUD, supported by Dr. JAFAR, felt that the Regulations must be based on positive facts. The Expert Committee on International Epidemiology and Quarantine had discussed the matter and found that there was at present no proof that cholera was spread by carriers.

Dr. RAJA said that that finding was borne out by the results of studies undertaken in India in collaboration with the Office International d'Hygiène Publique and WHO.

Dr. EL-HALAWANI (Egypt) strongly upheld the view that there was no proof that carriers were of no significance in the spread of the disease.

Dr. GAUD, having suggested that the question did not concern pilgrims alone, it was agreed that discussion should be deferred until the question of cholera was taken up in the Special Committee.

Following a question by Dr. EL-HALAWANI, the CHAIRMAN ruled that discussion of what constituted a valid certificate of vaccination against cholera should be postponed until the form of certificate had been considered by the Special Committee. (For continuation of discussion of Article 1, see third meeting, page 259.)

### Definition of " Pilgrim Ship "

*Decision:* On the proposal of the delegates of the United Kingdom and Pakistan, it was agreed that the words "the season of the Pilgrimage" in paragraph (a) should be replaced by "the day of the Haj".

Mr. HASELGROVE noted, for the information of the Drafting Sub-Committee, that a consequential amendment would be required later in one of the annexes.

Dr. EL-FAR Bey (Egypt) proposed that paragraph (b) of the definition should apply also to pilgrims in the first and second classes in order to avoid overcrowding.

After a short discussion it was agreed to defer consideration until the provisions relating to the cubic space to be allotted to each pilgrim were reached.

### Article 2 [A 2]

*Decision:* The article was adopted without comment.

**Article 3 [A 3]**

Mr. HASELGROVE pointed out that the question he had raised under Article 1 concerning yellow fever applied also to paragraph 1 (c) of Article 3.

Dr. PADUA (Philippines) inquired whether, in the light of the discussion on Article 1, two separate certificates were required under Article 3.

The CHAIRMAN explained that separate certificates were necessary for smallpox and cholera because the conditions were different in each case. Whereas a pilgrim arriving at Port Said already had a valid certificate for smallpox, delivery of a certificate of vaccination against cholera might not become due before arrival in the Hedjaz.

Dr. JAFAR proposed that Article 3 should be amended to cover all pilgrims by re-wording the first line of paragraph 1 to read "On arrival of a pilgrim at the port of embarkation, he shall be in possession...".

Dr. PADUA supported the proposal.

Dr. RAJA felt that it would not be proper, by omitting mention of Port Said in Article 3, to slur over the fact that all pilgrim ships coming from the south had to call at Kamaran for examination.

Dr. JAFAR suggested that the question of Kamaran was not relevant. His proposal was that Article 3 should apply to pilgrims from all parts of the world and not only to those passing through Egyptian territory. He felt that for the safety of all concerned it was necessary that pilgrims should be properly immunized at their ports of embarkation and not half way to Jeddah.

Dr. GAUD stressed that the question was one of principle. According to the text as it stood, all pilgrims should have the necessary certificates on departure, but it was unlikely that the case would never occur of a pilgrim embarking without certificates. In such an event, Port Said acted as a control station which should not lightly be suppressed.

Dr. JAFAR suggested that his point could be met by a suitable addition to Article 1.

*Decision:* At the suggestion of the delegate of India, it was agreed to amend paragraph 1 of Article 1 to read "Before departure, the health authority of the port or airport of embarkation shall ensure that every pilgrim shall..."

Dr. JAFAR suggested that, in view of the amendment to Article 1, verification of possession of vaccination certificates at Port Said could be suppressed.

The CHAIRMAN pointed out that ships coming from the Mediterranean passed through Egyptian territory, and the Egyptian authorities might wish to maintain control of them.

Dr. JAFAR thought that the main interest of Egypt would be in ships coming from the opposite direction, since there was no cholera on the Mediterranean side of Port Said.

Dr. EL-FAR Bey, replied that there was always plague in Palestine and there might be cholera and other diseases. Moreover, cholera could be spread through Palestine from Iraq.

The CHAIRMAN pointed out that the Egyptian Government had the right to board any ship passing through Port Said or Suez in order to ascertain its health condition.

Dr. JAFAR suggested that in that case Article 3 was redundant and might be suppressed.

*Decision:* It was agreed to recommend deletion of Article 3 unless, in the light of subsequent deliberations on the pilgrimage clauses, it were found desirable to reconsider the question. (For continuation of discussion, see minutes of the third meeting, page 259.)

**Article 4 [A 4]**

Dr. MA'MOEN reviewed the history of the Kamaran sanitary station and explained how Indonesia had been left with entire responsibility for that station. He said that his delegation had considered the question of whether or not the Kamaran station should be maintained, and also whether quarantine control should be at Kamaran or at Jeddah. He pointed out that the protective function of the Kamaran station was of interest to the Hedjaz and to the countries around and north of the Red Sea. It would therefore seem logical for Jeddah to take over the functions of the Kamaran station. The Saudi Arabian Government had already recognized the necessity for an effective sanitary control and had instituted examinations for which pilgrims had to pay a fee of £5, whereas the fee at Kamaran was four rupees.

Dr. Ma'moen quoted passages from the memorandum presented by the Director-General covering

the International Sanitary Regulations,<sup>2</sup> dated 19 February 1951, which, he considered, supported his delegation's contention that the protection of the Hedjaz against infection was the responsibility of the Saudi Arabian Government, and that paragraph 1 of Article 4 should be deleted.

Dr. RAJA said his Government shared the opinion of the Government of Indonesia that the primary responsibility for the establishment of quarantine and other protective measures lay with the Government of Saudi Arabia and that the necessary arrangements should be made at Jeddah.

If the countries concerned complied with the provisions of Article 1, and if another paragraph were added to that article, as had been suggested by Dr. Jafar, those countries would have carried out their responsibility of ensuring that no infection was introduced into the Hedjaz. That being so, his Government felt that the establishment of a sanitary station at Jeddah, where quarantine and other measures could be applied, should be the responsibility of the Government of Saudi Arabia. It was also felt that, if an outbreak of cholera or smallpox should occur on a large scale, affecting countries in the Near East, Middle East and Far East, that would be a matter for international action and WHO should be responsible for the application of the necessary quarantine measures. He therefore suggested that the Kamaran station, being already in existence and equipped, should be maintained, but that the cost should be borne by WHO.

Dr. GAUD felt that the question had two distinct aspects—financial and sanitary—which should be kept separate. He recalled that at a meeting of the Permanent Committee of the Office International d'Hygiène Publique in October 1946 the Government of Saudi Arabia, taking the view that cholera, for instance, was not endemic in the country, had asked for protection against epidemics introduced from outside. The Kamaran station had made it possible to give that protection to Saudi Arabia by constituting a filter which it was now being suggested was not necessary.

Dr. Gaud pointed out that in 1947 one of WHO's

<sup>2</sup> See minutes of the thirty-fifth meeting of the Special Committee, page 244. The passages quoted by Dr. Ma'moen read :

Complete security against the importation of an epidemic disease can never be achieved.

... only those measures which interfere to the minimum with traffic, are consistent with national interests.

A community is more effectively protected against an importation of pestilential disease by its own public-health service than by sheltering behind a barrier of quarantine measures...

first concerns had been to deal with the pilgrimage question, and the Expert Sub-Committee for the Revision of the Pilgrimage Clauses of the International Sanitary Conventions, which had met in Alexandria, had visited Jeddah to see whether the facilities there would permit the establishment of a sanitary station to replace the one at Kamaran. That sub-committee had reported that the conditions existing at Jeddah could not provide a good barrier against the introduction of a disease such as cholera into the Hedjaz.<sup>3</sup> He asked if those conditions had altered since that time and if the Government of Saudi Arabia had been able to establish a modern sanitary station at Jeddah at which ships arriving at the port would find the facilities necessary for the prevention of the introduction of cholera into the Hedjaz.

Dr. JAFAR considered that, apart from the question of the past history of Kamaran, or of the responsibility for the maintaining of the sanitary station there, all the Moslem countries sending pilgrims to Jeddah had a great responsibility which should logically be discharged by them if there were some scientific background showing that it must be discharged in the manner indicated in the Regulations.

The following figures, which he had obtained in order to ascertain whether the checking at Kamaran could serve any useful purpose from the point of view of protection against the introduction of epidemic diseases into the Hedjaz, would show that, if a person had been in contact with cholera before leaving Karachi, the disease would have developed before even the fastest ship reached Kamaran : in that case the ship would be an infected ship. If the disease had not developed before the arrival of the ship at Kamaran, it was not likely to do so.

	<i>Karachi to Kamaran</i>	<i>Kamaran to Jeddah</i>
Slow boat . . .	11 to 12 days	3 to 4 days
Intermediate boat	8 days	2 days
Fast boat . . .	5 days	2 days

The only other disease likely to be introduced into the Hedjaz was smallpox, for which he did not feel that checking at Kamaran would serve any purpose.

Dr. Jafar considered that the Kamaran station could not act as an effective filter, as had been suggested by Dr. Gaud. Some reliance must be placed on the port authorities at Jeddah in respect of all ships calling there. He asked why a valid certificate issued by a national health authority should be checked again at Kamaran. The important

<sup>3</sup> *Off. Rec. World Hlth Org.* 8, 33

factor in the prevention of the introduction of cholera into the Hedjaz was the measures applied at the port of embarkation.

Dr. JAFAR could not understand why the Government of Saudi Arabia could not do at Jeddah what was done in India for the Haridwar Pilgrimage, where millions of pilgrims collected each year, and where temporary quarantine stations were set up whenever there was reason to fear the outbreak of an epidemic. He proposed that the Government of Saudi Arabia should be requested to make arrangements for quarantine measures to be applied at the port of Jeddah.

Dr. PHARAON (Saudi Arabia) said that a quarantine station was under construction at Jeddah but, even when it was completed, facilities would not be available for carrying out individual stool examination of the thousands of pilgrims who arrived there within a short period. He did not believe that germ carriers were of great importance in connexion with the spread of cholera, but he wished to know the exact extent of the measures the Saudi Arabian authorities would be required to apply. Recalling the opinion expressed in the committee that Jeddah was not properly equipped to ensure the sanitary protection of Saudi Arabia, he emphasized that cholera was not endemic in the country and that it should not be endangered by the introduction of the disease from outside.

Dr. JAFAR pointed out that WHO had already recorded its decision with reference to stool examinations.

Dr. RAJA thought that the question was whether or not paragraph 1 of Article 4 should be retained. It was clear from the discussion that the three principal countries from which pilgrims came—India, Pakistan and Indonesia—were not willing to accept the idea of a sanitary station at Kamaran because they felt that the primary responsibility for quarantine measures rested with the Government

of Saudi Arabia. The Government of India was concerned with the question of whether the Kamaran station should be maintained if for any reason it was not possible for the Saudi Arabian Government to make the necessary arrangements at Jeddah. It was felt that, in view of the fact that any outbreak of disease resulting from the Pilgrimage would affect the whole Moslem world, it should be the responsibility of a central organization, such as WHO.

Dr. EL-FAR Bey thought that there must be co-operation between the Moslem countries in the prevention of the spread of disease. Port Said would provide protection in the case of pilgrims coming from the North and Kamaran in the case of those coming from the South. Another point was that, so long as cholera was prevalent in India and Pakistan, the fear of infection of the Hedjaz would remain. He therefore supported the maintenance of the Kamaran station.

The CHAIRMAN recalled two opinions, relevant to the subject, expressed by the Expert Sub-Committee for the Revision of the Pilgrimage Clauses of the International Sanitary Conventions: (1) that stool examination of pilgrims was not necessary as a quarantine measure; (2) that there should be a quarantine station at Jeddah, but that until it was established to the satisfaction of the Jeddah health authorities and in such a manner as to create confidence in the countries closely concerned with the Pilgrimage, the Kamaran station should be maintained.<sup>4</sup>

Dr. JAFAR proposed that paragraph 1 of Article 4 should be deleted.

The CHAIRMAN adjourned the discussion until the following afternoon.

*The meeting rose at 4.30 p.m.*

<sup>4</sup> *Off. Rec. World Hlth Org.* 8, 33

## SECOND MEETING

*Thursday, 12 April 1951, at 2.15 p.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

### 1. Welcome to the Delegate of Greece

The CHAIRMAN welcomed Professor Alivisatos (Greece), who wished to join the Sub-Committee on the Mecca Pilgrimage.

### 2. Consideration of Annex A of the Draft International Sanitary Regulations

#### Article 4 [A 4] (continuation)

Mr. HASELGROVE (United Kingdom) thought that, in present circumstances, there could be no doubt



that the maintenance of the Kamaran station would be in the interests of international health and of the conditions of the pilgrims. On the other hand, the history of the matter must be taken into consideration. The provision of the International Sanitary Convention, 1926, that ships going to the Hedjaz must call at Kamaran had been supported by an agreement between the countries concerned (including the United Kingdom) governing the maintenance and financing of the station.

It was clear from the discussion at the previous meeting that no such agreement existed at the present time. Certain countries had recently indicated that they did not regard the continuance of the agreement as desirable and did not intend, in the future, to instruct their ships to call at Kamaran.

If the Kamaran station were to be maintained, it must be supported by the countries concerned. The United Kingdom Government was at present sharing the cost of maintaining the station and would continue to do so throughout 1951, but certainly could not be solely responsible for its future maintenance. The United Kingdom Government had already asked certain of the interested countries if they would be prepared to share the cost of maintaining the station, but replies so far received indicated that the response would not be favourable.

Mr. Haselgrove thought that, in the circumstances, the Regulations should not include any requirement for ships to call at Kamaran. The eventual solution would appear to be the establishment of a quarantine station at Jeddah, which he understood had already been planned.

Dr. MA'MOEN (Indonesia), explaining the measures taken at the port of embarkation in Indonesia, said he hoped to convince the members of the Special Committee that the double barrier—constituted by the measures taken at Kamaran followed by the examination at Jeddah—was unnecessary. The situation at Jeddah had improved to such an extent that it could provide facilities as adequate as those at Kamaran.

He added that his Government had already replied to the United Kingdom Government that it would agree to share in the maintenance of the Kamaran station, as an emergency arrangement, provided that the other countries concerned were willing to do so. He supported the proposal, made by the delegate of Pakistan at the previous meeting, to delete paragraph 1 of Article 4.

Dr. JAFAR (Pakistan) said that he had tried to show that, from a scientific point of view, the maintenance of the Kamaran station in connexion with the prevention of the introduction of epidemic diseases

into the Hedjaz was unnecessary; some delegates nevertheless feared that, without that "barrier", epidemic diseases were bound to be transmitted from Pakistan into the Hedjaz and thence to Egypt and even to European countries. In an attempt to allay those fears, he described the procedure adopted for the dispatch of pilgrims from Pakistan and the penalties which could be imposed on ships' masters not complying with the requirements. He could not understand how a second check at Kamaran could give any better assurance than was offered by that procedure.

He believed that the work already in progress at Jeddah represented a great step forward and that the Saudi Arabian Government should be asked to establish a temporary quarantine station there pending the construction of the permanent one which had been planned.

Dr. Jafar amended his proposal made at the previous meeting by suggesting that paragraphs 1 and 2 of Article 4 be deleted and, as a further safeguard for the Saudi Arabian Government, that a provision be inserted requiring all pilgrim ships entering the harbour of Jeddah to do so in quarantine; that would enable the Saudi Arabian port health authorities to make their own check.

The CHAIRMAN asked the delegate of Saudi Arabia to explain what progress had been made in the establishment of a quarantine station at Jeddah: he understood that construction had started a fortnight previously and that consequently the station would not be completed and operating for some time.

Dr. PHARAON (Saudi Arabia) said his Government would have no objection to the maintenance of the Kamaran station until a quarantine station had been established at Jeddah, but he would like to know exactly what measures were to be taken at Kamaran. If it were only a simple control, that could be done equally well at Jeddah.

The CHAIRMAN replied that the functions of the Kamaran station were as described in Article 4.

Interpreting the opinion of the committee as being in favour of the abolition of the Kamaran station, the CHAIRMAN asked if the Saudi Arabian Government would be able to make temporary arrangements at Jeddah, which would include the reception of cases of disease, pending the completion of a modern sanitary station.

In reply to a question by Dr. RAJA (India) as to whether special arrangements could be made for the forthcoming Pilgrimage if paragraph 1 of Article 4 were deleted, the CHAIRMAN said that, as any measure

provided for under Article 4 could not be applied for at least a year, the provisions of the 1926 Convention would remain in force for the Pilgrimage in 1951.

Dr. RAJA said in that case all pilgrim ships coming from the south would have to call at Kamaran. At present, ships from Pakistan were not calling there. As a considerable number of pilgrims therefore might not comply with the provisions of Article 127 of the 1926 Convention, the committee should consider whether, in the interests of world health, any action should be taken at Kamaran.

Dr. MA'MOEN asked that, if the Kamaran station were maintained at least during 1951, the requirement for pilgrim ships to call there should apply only to infected or suspected ships.

The CHAIRMAN said the present position was that, according to the provisions of the 1926 Convention, all ships proceeding to Jeddah from the south must call at Kamaran, no distinction being made between healthy and infected ships. The maintenance of the Kamaran station was under a completely different arrangement.

In reply to a question by Dr. RAJA the CHAIRMAN explained that, in view of their reservations to the 1926 Convention, neither the Government of Pakistan nor—as from July 1951—the Government of India were under any obligation for their ships to call at Kamaran: all other countries bound by that Convention must instruct their ships to do so.

*Decision:* It was agreed, by 6 votes to 4, to delete paragraph 1 of Article 4.

The CHAIRMAN asked the committee to consider whether, in view of the decision just taken, Article 4 as a whole should be deleted or whether certain of the provisions in the present text should be retained for application at Jeddah. It had been suggested that ships should continue in quarantine until released therefrom at Jeddah. In the absence of any such proposal, in consequence of the deletion of paragraph 1, the whole article must be deleted.

Dr. RAJA supported the suggestion that ships should be required to enter Jeddah in quarantine.

Replying to Dr. GAUD (France), who asked what measures would be taken at Jeddah on the arrival of a cholera-infected ship, Dr. PHARAON said that the port health authorities could deal with one ship

at a time—but not more—in the same way as had been done at the time of the 1947 epidemic in Egypt.

The CHAIRMAN proposed that the following text should replace the whole of Article 4:

Every pilgrim ship coming from the south shall, on arrival at Jeddah, proceed to the quarantine station designated by the health authority and shall not disembark pilgrims until the ship is released from quarantine.

Dr. JAFAR suggested the following wording:

Every pilgrim ship on arrival at the port of Jeddah shall enter the harbour in quarantine.

Mr. HASELGROVE supported the proposal but was doubtful about the use of the term “in quarantine”, as that word did not appear in the main body of the Regulations.

In reply to a question by Dr. RAJA as to the desirability of incorporating in the proposed text a suggestion that appropriate provision be made by the Government of Saudi Arabia for dealing with infected persons, the CHAIRMAN said that would be difficult; it would be an attack on the sovereign rights of the country.

*Decision:* It was agreed to replace Article 4 of Annex A by a text on the lines proposed, it being left to the Drafting Sub-Committee to suggest the precise wording.

## Article 5 [A 5]

Dr. PHARAON proposed deletion of Article 5 on the grounds that the measures it prescribed were unnecessary and troublesome to the pilgrims. The Government of Saudi Arabia communicated a weekly sanitary report to the diplomatic missions at Jeddah as well as to the World Health Organization, beginning two months before the Pilgrimage. Confidence should be placed in the health authorities to carry out controls. Pilgrim ships leaving Jeddah should be treated in the same manner as other ships having a clean bill of health.

Moreover, if the provisions of Article 5 aimed at detection of germ carriers, he did not understand why the proposal to carry out stool examinations of pilgrims coming to the Hedjaz from infected countries had been rejected. If such an examination was forbidden, examination of persons returning from the Hedjaz who were declared in good health should also be forbidden.

Dr. EL-FAR Bey (Egypt), commenting on the remarks of the delegate of Saudi Arabia, stated that his Government felt obliged to take the maximum measures to ensure safety, so long as the question of endemicity in Pakistan and India was still outstanding, and until sanitary conditions in the Hedjaz had attained the degree of improvement envisaged.

Dr. PADUA (Philippines) and Dr. ARACTINGI (Syria) supported the proposal to delete Article 5.

The CHAIRMAN pointed out that under the draft Regulations a privilege not conceded by the International Sanitary Convention, 1926, was accorded to pilgrims returning home through the Suez Canal who did not wish to land in Egypt. Those who wished to land would, however, be subject to Egyptian national regulations.

Dr. PHARAON, seconded by Dr. JAFAR, suggested that since the problem was a local one measures to deal with it ought not to be included in international regulations. It could be left to the countries concerned to take measures under their national laws.

Dr. EL-FAR Bey maintained that it was necessary to apply the measures to all pilgrims, whether Egyptian or not, and whether coming from Egypt or going there.

After Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, had at the request of the CHAIRMAN given a preliminary opinion on the necessity for the provisions of Article 5, it was agreed to postpone further discussion until Mr. Hostie's considered legal opinion could be given.

#### **Article 6 [A 6]**

The CHAIRMAN suggested that since the reference to Kamaran must be deleted, as the result of the suppression of Article 4, it might be advisable to delete the whole of the second sentence of Article 6.

Dr. JAFAR and Dr. PADUA supported the proposal, the latter suggesting that a case of smallpox should be notifiable in the same way as a case of plague, cholera and yellow fever.

In answer to a question by Dr. JAFAR on the extent of the territory concerned, the CHAIRMAN expressed the opinion that the provision related to cases occurring anywhere in the Hedjaz, and

Dr. PHARAON said that the Hedjaz formed a specific well-defined part of Saudi Arabia.

Dr. JAFAR said that, as the second sentence was evidently intended as a warning of the danger of infection to countries to which pilgrims would be returning, it should be retained without change except for elimination of the mention of Kamaran.

Dr. GAUD, recalling that France was particularly concerned with pilgrims returning north through the Suez Canal, did not see the necessity for retaining the sentence under discussion. The diplomatic missions had the right, if they so desired, to instruct the captain of a ship to go to El Tor and it was not necessary to include the provision in international regulations.

*Decision:* On the proposal of the delegate of India it was agreed to recommend retention of the first sentence of Article 6 as amended by the delegate of the Philippines, and suppression of the second sentence.

#### **Definition of "Season of the Pilgrimage"**

*Decision:* At the suggestion of the delegate of the United Kingdom it was agreed that the Drafting Sub-Committee should be asked to draw up a definition of "season of the Pilgrimage" to conform with that included at the first meeting in the amended definition of "pilgrim ship" (see page 249).

#### **Article 7 [A 7]**

Dr. EL-FAR Bey, objecting to the necessity under Article 7 of setting up a medical examination centre at Suez, stated that El Tor was near Suez and was already well equipped. Article 71 of the Regulations gave States the right to designate a specified airport for use by aircraft from an infected local area, and he felt that Egypt should have the right to designate El Tor for pilgrim ships. He therefore proposed amending paragraph 1 by deleting the words "may go from the Hedjaz, without calling at any intermediate port, to Suez" and replacing them by "shall go to El Tor where the pilgrims shall be medically examined".

The CHAIRMAN recalled that Article 7 was the result of long discussions by the Expert Sub-Committee for the Revision of the Pilgrimage Clauses of the International Sanitary Conventions which had met in Alexandria in 1947. It afforded some relief to pilgrims returning northwards through the canal

without the intention of landing in Egyptian territory. That was a most welcome improvement on the 1926 Convention, and he hoped the Egyptian Government would not now withdraw its acceptance.

Dr. EL-FAR Bey said that the Egyptian Government was only asking that foreign ships should, like Egyptian ships, go to El Tor for examination instead of to Suez because facilities were not available at the latter port.

Dr. JAFAR asked how pilgrims who were not going to land in Egyptian territory could constitute a danger to the public health of that country.

The CHAIRMAN stated that the sub-committee he had just mentioned has asked for the change in procedure in order to avoid the expense incurred by ships having to call at El Tor and being delayed there. The provision only applied to healthy ships and since no pilgrims would land at Suez no special installation was necessary there.

Dr. EL-FAR Bey said that, owing to its narrowness, ships passing through the Suez Canal must be considered as passing through national territory.

The Egyptian Government therefore felt that it should have the right to control ships before they entered the Canal. A ship only took six hours to reach Suez from El Tor and the examination would involve little delay.

Epidemics of cholera started by persons passing through the Canal had been recorded.

Dr. PHARAON, referring to the first sentence of paragraph 2, suggested that if cholera broke out, the infection was likely to start at Arafat where the pilgrims were grouped before the return journey. They did not board the ship until five days later, so that by the time the ship reached Suez, it should have the right to pass as a healthy ship.

#### *Decisions:*

- (1) On the suggestion of the delegate of the Philippines, it was agreed to recommend that the provisions of paragraph 3 of Article 7, instead of those of paragraph 4, should apply to smallpox, the Drafting Sub-Committee to make the necessary amendment.
- (2) Article 7 was accepted subject to the above amendment.

*The meeting rose at 4.30 p.m.*

### THIRD MEETING

*Friday, 13 April 1951, at 2.15 p.m.*

*Chairman: Dr. M. T. MORGAN (United Kingdom)*

#### **1. Consideration of Annex A of the Draft International Sanitary Regulations (continuation)**

##### **Articles 5 [A 5], 6 [A 6], 7 [A 7] and 8 [A 9]**

The CHAIRMAN called on Mr. Hostie to give his considered legal opinion on the points relating to Article 5, left outstanding at the previous meeting, and on Articles 7 and 8.

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, said that after careful examination it appeared necessary to retain Article 5 in conjunction with both Article 28 relating to maritime canals, and Article 36 which provided that, in

principle, a ship was free to call at any port but that if the port was not sufficiently equipped to apply the sanitary measures allowed, the health authority might direct it to proceed to another port.

He then recalled that Article 7 covered normal circumstances when the Pilgrimage season had been healthy. Article 8 determined the measures that took place at El Tor and was based both on Article 7 and Article 6. It had, however, been decided at the previous meeting to delete the provision in Article 6 providing for instructions to be given in certain circumstances to the master of a ship to proceed to El Tor. The link with Article 6 could be re-established by redrafting the beginning of Article 8 on the following lines: "If there occurs in the Hedjaz

during the season of the Pilgrimage a case of...'' and providing that in the circumstances listed in the article the ship should proceed to El Tor.

Dr. EL-FAR Bey (Egypt), recalling his remarks at the second meeting concerning Article 7 (see page 255) said that his Government reserved the right to require all ships going north to call at El Tor.

In reply to Dr. PHARAON (Saudi Arabia), who proposed the deletion of Article 5 on the grounds that it concerned a matter for national authorities, the CHAIRMAN explained that Article 5 was required in order that Article 7, which made provision for ships carrying pilgrims not disembarking in Egypt, might become operative.

*Decision:* It was agreed to retain Article 5.

Mr. HASELGROVE (United Kingdom) recalled that the sub-committee had agreed to eliminate as serving no useful purpose the second sentence of Article 6. In the light of Mr. Hostie's legal opinion, however, he proposed that the sentence should be reinstated with the qualification that it applied only to ships returning northwards. The position of Egypt was dealt with in Article 5 and he saw no precedent for the requirement that even when the Pilgrimage was healthy all ships going northwards should proceed to El Tor.

The CHAIRMAN said that the position under the 1926 Convention was that all ships returning northwards had to call at El Tor. The draft Regulations provided that healthy pilgrim ships carrying pilgrims not going to Egypt could proceed straight to Suez.

In reply to a question by Dr. RAJA (India), the CHAIRMAN said that, as he saw it, the reason for the Egyptian Government's request that if there had been infection all ships should go to El Tor was that, if there had been no infection during the Pilgrimage, there was not *prima facie* such great need for care, but if on the other hand there had been infection very careful examination must be made, and that could be carried out more easily at El Tor than at Suez.

Dr. JAFAR (Pakistan) suggested that a guard could be put on board all pilgrim ships passing through the Suez Canal to ensure that no one landed. To examine all pilgrims because there had been an

isolated case of disease during the Pilgrimage was an excessive measure.

Dr. EL-FAR Bey thought the delegate for Pakistan was ignoring the fact that the Suez Canal was part of Egyptian territory.

The CHAIRMAN recalled that the "concession" in Article 7 had only been obtained at Alexandria after lengthy discussions with the Egyptian medical authorities who had felt considerable misgivings, largely on account of inadequate personnel and equipment at Suez.

Dr. JAFAR asked whether the measure was intended to be in the interests of Egypt or whether it was of international interest. In the latter case a guard on the ships going through the Suez Canal would safeguard the health of the Egyptian people.

The CHAIRMAN replied that, unlike ships going southwards, those going northwards had to traverse a passage through the territory of a foreign country and it was reasonable that that country should have a say in the conditions under which they could do so.

Dr. RAJA said that it must not be forgotten that pilgrim ships going south would probably be going to countries where cholera and smallpox were indigenous, so that the danger was not so great as in the case, for instance, of ships going north to countries where cholera did not normally exist. Examination at El Tor might therefore be of significance from the international point of view.

The CHAIRMAN reminded the Sub-Committee that paragraph 1 of Article 7 had been voted upon and accepted at the previous meeting.

*Decision:* On the proposal of the CHAIRMAN it was agreed to recommend that the Drafting Sub-Committee should draw up a new article to replace the second sentence of Article 6, to the effect that in case of an infected pilgrimage all ships going northwards should call at El Tor.

## Article 9 [A 10]

Mr. HOSTIE wondered whether Article 9 had not become superfluous since suppression of examination at Kamaran limited the whole matter of returning pilgrims to traffic going north.

The CHAIRMAN disagreed and suggested that there were small ships going to the Sudan, for instance, which the Sudan Government might require to call at a special port.

Dr. PHARAON objected to the measures envisaged in the article. The Expert Committee on International Epidemiology and Quarantine had accused Saudi Arabia of exceeding the measures allowed by the conventions, although the pilgrims came from infected countries. The present measures which were to be applied to pilgrims returning from a non-infected country were excessive and inconsistent.

*Decision:* In the absence of further observations Article 9 was accepted as drafted.

## Article 10

A discussion took place on whether a pilgrim who did not comply with the Regulations should be refused admission to the Hedjaz.

Dr. EL-FAR Bey said that his Government did not insist on vaccination when the physical condition of the pilgrim made it undesirable.

Dr. JAFAR suggested that if a pilgrim refused vaccination he might be kept in quarantine until the period of incubation had elapsed.

Mr. MOULTON (International Civil Aviation Organization) said that, because of the reference to Article 1 contained in paragraph 1 of Article 10, a check would have to be made at airports all over the world of all passengers leaving on an international journey to ascertain whether or not they were pilgrims. He suggested that a change in wording be made in order to overcome that difficulty.

The CHAIRMAN questioned whether paragraph 1 of Article 10 was necessary, since Article 1 covered all pilgrims whether travelling by air or by sea. Paragraph 2 could become paragraph 1 and be amended to read "If any pilgrim does not fulfil the requirements laid down under Article 1 of this Annex, he shall undergo on arrival in the Hedjaz the necessary vaccinations...".

Replying to Mr. Moulton, he said that the obligation in Article 1 was on the pilgrim, not on the health authority, and it was not possible to legislate for a person who deliberately attempted to evade the Regulations.

Dr. JAFAR felt that the health authority of the Hedjaz should be given the alternative of keeping

a pilgrim who did not comply with the Regulations in quarantine for the incubation period or refusing him admission.

Dr. MA'MOEN (Indonesia) felt that a pilgrim should not be prevented from carrying out his religious duty. He should not be refused entry and the Saudi Arabian Government could hardly keep a pilgrim in quarantine if the period of isolation covered the period of the Pilgrimage.

Commenting on the suggestion of Dr. JAFAR that the point raised by the delegate of Indonesia would be covered if the pilgrim were kept under surveillance, the CHAIRMAN said that a pilgrim under surveillance would be able to move about freely in the Hedjaz and might thus constitute a danger.

Replying to Dr. RAJA, Mr. HOSTIE said that, on a reasonable interpretation of the text, he did not see how the two alternatives proposed (isolation or refusal of entry to the Hedjaz) left open a third possibility, namely, that the health authority might allow the pilgrim to enter.

Dr. GAUD (France) suggested that the sub-committee was discussing the application to pilgrims arriving by air of non-medical measures which had not been laid down for pilgrims arriving by ship, and if any change were made it would be necessary to reconsider the whole of the Regulations.

Mr. HOSTIE pointed out that the situation as regards pilgrims arriving by ship had been covered in Article 3, which had been provisionally eliminated at the first meeting.

Replying to the CHAIRMAN, who asked whether the sub-committee considered it necessary to deal in Annex A with persons who refused vaccination, Dr. GAUD recalled that after long discussion the Expert Committee on International Epidemiology and Quarantine had decided that a person could refuse vaccination but in that case he would become subject to normal quarantine measures. In order to be consistent the same principle should be laid down in the Annexes concerning pilgrims.

The CHAIRMAN suggested that no specific mention was necessary in Annex A since the matter was covered by Article 75 of the general Regulations.

Dr. JAFAR recalled that in the case of pilgrims vaccination did not depend on whether or not the area from which they came was infected. He felt that a Moslem who had travelled a great distance to make the Pilgrimage would not refuse vaccination at that moment if he knew that the choice lay between being vaccinated or being refused admission. He thought there was nothing in the religious laws to prevent a Moslem being refused admission to the Pilgrimage.

The CHAIRMAN agreed with Dr. RAJA and Mr. HOSTIE that the provisions in the Annexes were intended to supplement the general Regulations in the special case of the Pilgrimage to Mecca. He also suggested that it might be desirable to include in Article 1 similar measures to those under discussion, since they were equally applicable to pilgrims arriving by sea and by air.

*Decision:* It was agreed to recommend deletion of paragraph 3 of Article 10 and the addition of a new paragraph in Article 1 to the effect that any pilgrim arriving in the Hedjaz found to be not in possession of a valid certificate of vaccination against cholera and smallpox, and refusing to be vaccinated, might be placed in quarantine for the remainder of the period of incubation of the disease in question, or might be refused admission if the health authority of Saudi Arabia considered it necessary.

#### **Article 11 [A 11]**

Dr. PHARAON did not see the necessity for retaining the phrase "where the sanitary measures provided for in the Egyptian Quarantine Regulations may be applied to him" in paragraph 1.

Dr. EL-HALAWANI (Egypt) considered that the words were important and asked that they be retained.

*Decision:* It was agreed to retain the article as drafted.

#### **Article 12 [A 12]**

*Decision:* The article was adopted subject to the substitution of the word "shall" for "may" in the English text.

#### **Article 13 [A 13]**

*Decision:* The article was adopted without discussion.

#### **Article 14 [A 14]**

Replying to Dr. PHARAON, the CHAIRMAN said that, in accordance with the decisions taken at the first and second meetings of the sub-committee, the Drafting Sub-Committee would amend the phrase referring to the season of the Pilgrimage.

*Decision:* The article was adopted subject to the foregoing amendment.

#### **Article 15 [A 15]**

*Decision:* The article was adopted subject to a necessary amendment by the Drafting Sub-Committee to the French text.

#### **Article 3 [A 3] (continuation from page 250)**

The CHAIRMAN reminded the sub-committee that, at its first meeting, it had been agreed provisionally to delete Article 3. The subsequent discussions on the other articles made it necessary now to revert to Article 3.

He proposed that, apart from the words "On arrival of a pilgrim ship at Port Said"—which applied to the article as a whole—paragraph 1 and sub-paragraphs (a), (b) and (c) could be deleted. The article would then read:

On arrival of a pilgrim ship at Port Said, any pilgrim who is not in possession of any of the certificates required in Article 1 shall be vaccinated and given a certificate of such vaccination.

If any disease were found, it would be dealt with under the provisions of paragraph 3.

He also proposed that Article 3 be placed under the heading of Chapter I.

*Decision:* The article was adopted in the amended form proposed by the Chairman.

#### **Article 1 [A 1] (continuation from first meeting, page 248)**

Reverting to Article 1, Dr. MA'MOEN proposed the insertion of the word "valid" before "certificate of vaccination against cholera" in paragraph 1, to ensure that pilgrims received a second injection before departure.

Dr. PADUA (Philippines) supported the proposal.

*Decisions:*

(1) The proposal, on being put to the vote, was adopted, it being left to the Drafting Sub-Committee to make the consequential amendments to other articles.

(2) The examination of Annex A having been completed, it was referred to the Drafting Sub-Committee.

## 2. Consideration of Annex B of the Draft International Sanitary Regulations

After a discussion on a proposal by Mr. VAN'T HAAFF (Netherlands), supported by Dr. GAUD, to delete the words "and Welfare" from the title of Annex B the CHAIRMAN suggested that the sub-committee might, without prejudice to the articles of the Annex, agree to the proposed deletion.

It was so agreed.

### Article 1 [B 1]

*Decision:* The article was adopted without amendment.

### Article 2 [B 2]

Dr. MALAN (Italy) said that, as his delegation considered that the present wording relating to

hygiene conditions and space provisions was not appropriate, he proposed to prepare and circulate a paper containing suggestions for an amended text.

Mr. HASELGROVE proposed the addition, at the end of paragraph 4, of the words :

and between-decks above the water line used for the accommodation of pilgrims shall be provided with portholes.

Mr. VAN'T HAAFF supported the proposal, subject to the addition of the word "upper" before "between-decks", but, as Mr. HASELGROVE could not accept that amendment, it was agreed that he and Mr. van't Haaff should submit a joint proposal to the Drafting Sub-Committee. (For continuation of the discussion on Article 2, see fourth meeting, page 261.)

*The meeting rose at 4.30 p.m.*

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## FOURTH MEETING

*Saturday, 14 April 1951, at 2.15 p.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

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## 1. Consideration of Annex B of the Draft International Sanitary Regulations (continuation)

Mrs. VANLONKHUIZEN BIEMOND (Indonesia), speaking on Annex B as a whole and alluding to the discussion which had taken place at the seventh meeting of the Special Committee on Article 21 of the main Regulations (see page 61), referred to the statement in Article 21 that the measures permitted by the Regulations were maximum measures, and its connexion with Annex B. That statement seemed to be a limited one, because it concerned (1) international traffic and (2) measures of protection against epidemic diseases. The pilgrimage certainly concerned international traffic, but her delegation thought that the measures in Annex B—which had a more or less temporary home there in the Sanitary Regulations—could not be viewed strictly as measures against epidemic diseases and asked that, whatever

decision be taken eventually on Article 21, the requirements in Annex B should never be considered as maxima, but only as minima.

As an example of the difficulties which might arise if the requirements of Annex B were considered as maxima, she said that, whereas the International Sanitary Convention, 1926 did not stipulate any special requirements regarding the decks of pilgrim ships, the Netherlands East Indies Pilgrims Ordinance of 1928, which was still in force in Indonesia, required all pilgrim ships to have wooden decks (iron decks being considered too hot). Annex B contained no such requirement.

The question therefore arose, in Indonesian national law, as to whether the minimum requirements in Annex B could be exceeded.

The CHAIRMAN said the remarks of the delegate of Indonesia were perfectly correct; consideration



must be given by the sub-committee to the fact that many of the requirements in Annex B were, in fact, minima.

**Article 2 [B 2]** (continuation from previous meeting)

Mr. VAN'T HAAFF (Netherlands) proposed the addition of a clause to paragraph 2, requiring that pilgrim ships be provided with wooden decks or steel decks covered with wooden ones over the space allotted to pilgrims. That would also involve an amendment to Article 14 of Annex B.

Mr. HASELGROVE (United Kingdom), whilst agreeing with the idea, felt that the sub-committee was becoming involved with constructional details. To make a requirement for wooden decks might exclude the use of certain types of insulating material now commonly used in ship-building and considered to be better than wood. He suggested that the views of the Indonesian and Netherlands delegations might be met by the inclusion of a general provision to minimize over-heating.

*Decision:* A vote resulted in agreement that a provision regarding deck covering be inserted in paragraph 2 of Article 2 and that the delegations of Indonesia and the Netherlands should prepare a draft text for the sub-committee's consideration.

Mr. VAN'T HAAFF proposed the deletion from paragraph 3 (a) of the words: "in addition to the space provided for the crew", and deletion of the word "approximately" from sub-paragraphs (a) and (b).

He proposed the deletion of the words relating to the crew space because the Accommodation of Crews Convention, 1946 (amended at Geneva in 1949) stipulated that the crew accommodation must be for the sole use of the crew, and he did not consider it wise or necessary to refer to the matter in the International Sanitary Regulations.

Mr. HASELGROVE was not satisfied that, if the words were deleted, it would be clear that the crew space should not be counted in the pilgrim space, but agreed that it was perhaps a drafting matter.

Mr. VAN'T HAAFF said he would not press his proposal.

Mr. HASELGROVE supported the second proposal of the delegate of the Netherlands and suggested that

a footnote be inserted giving the English equivalent of the metric measurements.

Dr. RAJA (India) supported the latter suggestion.

The CHAIRMAN suggested that, as the metric measurements had been used effectively for 24 years, it should be left to the Drafting Sub-Committee to ascertain the equivalent English measurements and insert them in parentheses.

It was so agreed.

Dr. JAFAR (Pakistan) proposed that the requirement in regard to floor space in paragraph 3(a) be increased from 16 English square feet to 18 English square feet (with a corresponding increase in the cubic capacity).

Dr. EL-FAR Bey (Egypt) considered that the requirement should not be altered, as the voyage to the Hedjaz was in many cases a short one.

In reply to Dr. JAFAR, who said that a great deal of dissatisfaction had been expressed by pilgrims and by the governments concerned with pilgrim traffic about the space and accommodation, the CHAIRMAN remarked that no complaints had been received by the Organization following the circulation to governments of the draft International Sanitary Regulations.

After a lengthy discussion, the CHAIRMAN put to the vote first the question of whether the space provisions set out in paragraph 3 should remain unaltered.

*Decision:* It was decided by 6 votes to 4 that the figures should be amended.

A vote was then taken on Dr. JAFAR's proposal to increase the floor space.

*Decision:* The amendment was adopted, by 4 votes to 3.

It was agreed that, notwithstanding the foregoing decisions, the discussion on Article 2 could be reopened if found to be necessary.

Dr. JAFAR asked that arrangements be made for consultations with ship-building experts, after he and other delegates had explained why it had not been possible to include such experts in their delegations.

(For continuation of the discussion on Article 2, see fifth meeting, page 268.)

**Article 3 [B 3]**

Dr. MALAN (Italy) proposed that the proportion of douches required under paragraph 1 be doubled and that, if it were necessary to use sea water, special soap be provided for the pilgrims.

Dr. PADUA (Philippines) supported the proposal for improved accommodation on pilgrim ships in view of the length of the voyage from the Philippines to the Hedjaz.

Dr. EL-FAR Bey opposed any amendment to the present requirement, saying that it could be left to the countries concerned to improve the conditions if they so wished.

Mr. VAN'T HAAFF explained the technical difficulties likely to arise in connexion with the pipelines if the number of douches were increased.

Dr. RAJA proposed the inclusion of a clause stating that the requirements in Annex B should be provided in existing ships and, where that was not possible, in all new ships laid down.

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, suggested that the wishes of delegates could be met by having a set of requirements applicable to all pilgrim ships and a separate article setting out additional requirements to be applied in the case of such ships laid down after a certain date (which would be that of the entry-into-force of the International Sanitary Regulations).

Dr. JAFAR asked that the matter be left elastic, explaining that the advance in education and improved economic circumstances of present-day pilgrims led them to expect better conditions.

Dr. PADUA proposed that the Drafting Sub-Committee be instructed to draft a clause for insertion in an appropriate place in Annex B, making it quite clear that the requirements specified therein were minimum requirements.

It was so agreed.

**Article 4 [B 4]**

Mr. HASELGROVE, putting forward a suggestion made by the British shipping industry, proposed redrafting paragraph 3 of Article 4 to read: "No latrine shall be situated in the hold of a ship or in a between-deck which has no access to an open deck".

*Decision:* It was agreed to recommend that the proposal of the delegate of the United Kingdom be accepted.

**Article 5 [B 15]**

Mr. VAN'T HAAFF, proposing deletion of Article 5, said that the practice of pilgrims on Netherlands ships to cook their own food had been diminishing. It had, however, been felt that cooking helped the women pilgrims to occupy their time on board. If cooking on board were forbidden, a second paragraph should be added forbidding pilgrims to bring food on board.

The CHAIRMAN explained that the provision, which had met with the warm support of shipping companies, was intended to lessen the risk of fire. Pilgrims could hardly be prevented from bringing on board food that did not require cooking.

Mr. HASELGROVE said that the British shipping companies, which had been specially consulted about Article 5, were strongly in favour of its retention.

Mr. VAN'T HAAFF said that on the Netherlands ships the pilgrims did their cooking in special fire-proof galleys.

Dr. JAFAR strongly supported retention of the article on hygienic grounds. Certain standards had been laid down for the food to be provided for pilgrims and it was important that sickness due to improper diet, stale food, etc. should be avoided.

Mr. VAN'T HAAFF feared that if pilgrims were allowed to bring their own food on board there would be greater danger of fire from surreptitious cooking in unsafe places, and of food poisoning.

Dr. RAJA thought that if there were a provision stating that food could not be cooked, pilgrims would be most unlikely to take on board food that required cooking.

Mr. VAN'T HAAFF withdrew his proposal.

*Decision:* Article 5 was accepted as drafted.

**Article 6 [B 5]**

In reply to a question by Dr. PADUA in connexion with paragraph 3 of Article 6, the CHAIRMAN said it could be taken that the water supply for latrines in the ship's hospital would be separately piped.

A discussion took place on a proposal of Dr. MALAN that Article 6 should contain an indication of the hospital installation and equipment to be provided. In particular, the Italian Government considered that hospital beds should be provided for at least four per cent of the pilgrims carried.

Dr. JAFAR gave details of the Pakistan national requirements, which included beds for at least two and a half per cent of the pilgrims on board. He thought the standards laid down in the article were somewhat too low.

Mr. HASELGROVE suggested that it could be left to the national governments to increase the provision if the length of the voyage made it desirable.

Dr. JAFAR replied that it would be difficult for national governments to insist on anything in excess of the standards set by WHO. Either those standards should be adequate for all cases or no figures should be given.

Dr. PADUA was prepared to accept the article as drafted on the understanding that the requirements indicated were the minimum requirements.

Dr. JAFAR suggested that, if the terms "long voyage" and "short voyage" were defined, different standards might be laid down for each. A "short voyage" might be defined as one lasting not more than 48 hours.

The CHAIRMAN felt that, in view of the great variety in the length of voyages and the different conditions pertaining during the same voyage, it would be extremely difficult to make suitable provision to cover all cases. He thought Article 25, concerning the non-applicability of Annex B to short voyages, accepted locally as coasting voyages, to which Dr. MALAN drew attention, would apply to voyages within the Red Sea.

Dr. RAJA suggested as a compromise that beds should be provided for three per cent of the pilgrims carried. He was opposed to the suggestion to leave the number indeterminate.

The CHAIRMAN recalled that the Expert Committee on International Epidemiology and Quarantine, in deciding to leave the matter to national governments, had taken into consideration the fact that many pilgrims were not able to sleep in beds. The

number of beds required depended on the incidence of sickness and the discharge rate, which in turn depended on the length of the voyage and the route.

Dr. JAFAR proposed that paragraph 2 should state specifically that separate hospital accommodation must be available for the treatment of persons suffering from cholera, smallpox, yellow fever or plague.

#### *Decisions:*

(1) It was agreed to recommend that paragraph 2 of Article 6 should be amended in accordance with the proposal of the delegate of Pakistan.

(2) Article 6 was accepted subject to the above amendment, the delegate of Pakistan reserving the right to bring forward the views of his Government on the accommodation to be provided when the sub-committee's report was discussed by the Special Committee.

#### **Article 7 [B 6]**

The article was accepted without discussion.

#### **Article 8 [B 7]**

Dr. PADUA said that in view of the provision laid down in Article 22 that "only the persons charged with the nursing of patients suffering from communicable diseases shall have access to them", it seemed necessary to include "a nurse or nursing attendant" in each paragraph of Article 8.

The sub-committee considered that a nurse should be included in paragraph 1 and two nurses in paragraph 2. There was, however, a general feeling that it would be difficult to include a nurse in paragraph 3, which required recognition by the health administration at the port of departure, because some countries had no machinery for legal certification of nurses.

Dr. JAFAR proposed adding "a nursing attendant" in paragraph 1 rather than a nurse because of the general acute shortage of qualified nurses.

Dr. PADUA stressed his preference for "nurse or nursing attendant" since in the Philippines a nursing attendant did not necessarily have experience or training.

The CHAIRMAN assured the delegate for the Philippines that the provision being a minimum one there was nothing to prevent his Government from decreeing that there must be a nurse on board its ships.

It was agreed that if the stipulation in paragraphs 1 and 2 was for nursing attendants, the question of amendment of paragraph 3 did not arise.

*Decision:* It was agreed to recommend: (1) amending paragraph 1 of Article 8 by the addition of "and a nursing attendant" after "medical practitioner" and (2) amending paragraph 2 by the addition of "and two nursing attendants" after "practitioners".

## Article 9

Mr. VAN'T HAAFF proposed deletion of paragraphs 1 (a), (b) and (d) of Article 9.

A vote was taken to decide whether the whole article should be deleted. The result being even (4 votes in favour and 4 against), the sub-committee agreed to consider the matter further at its following meeting.

*The meeting rose at 4.30 p.m.*

## FIFTH MEETING

*Monday, 16 April 1951, at 2.15 p.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

### 1. Consideration of Annex B of the Draft International Sanitary Regulations

#### Article 9 (continuation)

*Decision:* On the proposal of the delegate of India, it was agreed, by 6 votes to 3, to delete the whole article.

#### Article 10 [B 9]

Mr. HASELGROVE (United Kingdom) proposed deleting paragraph 3 of Article 10 which, as it stood, made it incumbent on national governments to draw up regulations in connexion with pilgrim ships.

Mr. VAN'T HAAFF (Netherlands) proposed deleting paragraph 2.

Dr. RAJA (India), while agreeing that paragraph 2 was unnecessary, believed there was some justification, in the interests of hygiene, for heavy baggage to be removed, leaving only small possessions to be carried by pilgrims.

#### *Decisions:*

(1) It was agreed, by vote, to delete paragraphs 2 and 3 of Article 10.

(2) By 8 votes to 1 it was decided to retain paragraph 1.

#### Article 11 [B 10]

Mr. HASELGROVE objected to the wording of the second sentence on the grounds that the charges in question should be paid to the sanitary authorities.

Dr. EL-HALAWANI (Egypt) asked for clarification of the text, and suggested an alternative wording. He later agreed to the deletion of the sentence.

Mr. HASELGROVE said it was essential to restore the principle of a return ticket contract, in accordance with the terms of Article 93 of the International Sanitary Convention, 1926, and suggested that Article 11 should be completed by a sentence on the following lines: "Pilgrims shall be in possession of a return ticket or shall have deposited a sum sufficient to pay for the return journey".

Replying to a point raised by Dr. JAFAR (Pakistan), the CHAIRMAN explained that pilgrims, in possession of a single ticket only, often applied to their consulates to be repatriated, thus constituting a severe burden on the countries concerned. Moreover such a clause, if not included in Annex B, would not appear—at any rate for the time being—in any international instrument. He suggested that the following words should be added to the United Kingdom proposal: "and have deposited the sanitary charges which each pilgrim will normally incur throughout his voyage to and from the Hedjaz."

Mr. HUDIG (Netherlands) believed that shipping companies should not be allowed to accept pilgrims who had not paid their return journey.

Dr. MA'MOEN (Indonesia) was of the opinion that the problem was one to be dealt with by each national authority, since it was neither an international problem nor one of hygiene.

Dr. JAFAR said that should the proposed sentence be added, the words " and from " in the first sentence of the article were redundant.

It was agreed to refer the point to the Drafting Sub-Committee.

Dr. DUJARRIC DE LA RIVIÈRE (France) thought it was clear, from the statement in paragraph 1 that the charges which the pilgrim would incur throughout his voyage to and from the Hedjaz were to be included in the price of the ticket, that the reference was to a return ticket.

Dr. EL-HALAWANI maintained that to compel a pilgrim to take a return ticket would prevent those who wished to remain in the Holy Places from doing so.

Mr. KHANACHET (Saudi Arabia) disagreed, and pointed out the distinction between a normal pilgrim who was obliged to return to his home and pilgrims who wished to remain in the Holy Places, in which case it fell to Saudi Arabia to decide on the matter.

Dr. JAFAR agreed with the United Kingdom delegation that the principle of Article 93 of the International Sanitary Convention, 1926, should be retained.

*Decision:* Article 11 was referred to the Drafting Sub-Committee for consideration in the light of the discussion.

#### **Article 12 [B 11]**

The CHAIRMAN asked whether the article should be retained in the light of modern conditions. He added that the word "destination" in the second paragraph was not sufficiently clear.

The suggestion of Mr. HUDIG that, in paragraph 2, "port or ports of landing of the pilgrims" would be more appropriate, was agreed to.

Mr. KHANACHET having asked whether the three days mentioned in paragraph 1 applied also to the return journey from the Hedjaz, it was agreed that was the intention and that the Drafting Sub-Committee should be asked to clarify the text in that respect, if necessary.

*Decision:* Article 12 was referred to the Drafting Sub-Committee.

#### **Article 13 [B 12]**

Mr. HUDIG proposed that the word "may" be substituted for "shall" before "inspect the ship" in Article 13.

Dr. JAFAR thought that to avoid complications in the allotment of space the word "shall" should be retained, as an inspection would then be obligatory wherever there was any doubt that the certificate still corresponded to the actual conditions.

*Decision:* The proposal of the delegate of the Netherlands was rejected and Article 13 was adopted.

#### **Article 14 [B 13]**

Mr. HASELGROVE proposed that the words "at which pilgrims are embarked" be inserted after the word "port" in the first line of Article 14. That was clearly what was meant, in the light of Articles 12 and 13.

Mr. HUDIG suggested that the Drafting Sub-Committee be asked to take into account, in connexion with sub-paragraph (b) of Article 14, the decisions of the Special Committee with regard to paragraph 3 (b) of Article 2 of Annex B.

The CHAIRMAN approved the suggestion of the Netherlands delegate since Article 14 merely laid down precise measures for the implementation of previous articles.

Dr. DUJARRIC DE LA RIVIÈRE thought that sub-paragraph (c) was very restrictive, but would accept it since he could not think of a better formula; sub-paragraph (d) ought to contain some reference to preservation of food; sub-paragraph (e) was not clear; it should be stated that the water taken on board must be bacteriologically pure; the correct French term which should be employed in sub-paragraph (g) was "appareil de distillation". Finally, sub-paragraph (i) was too important to be sandwiched between two sub-paragraphs dealing with disinfecting chambers and encumbering merchandise.

The CHAIRMAN thought that the last point raised by the delegate of France should be left to the Drafting Sub-Committee.

Sub-paragraph (c), he thought, provided simply for protection against accidents such as falling into a hold. As to paragraph (d), perhaps the French delegation would like the words "which shall be maintained in that condition" to be inserted after the word "quality".

Dr. JAFAR thought the word "good" too vague; it had led to controversies in the past. His delegation would accept "wholesome", suggested by the CHAIRMAN.

The CHAIRMAN, returning to the point raised by the delegation of France, pointed out that preservation of food was fully provided for by the words "during the voyage". The source of the difficulty with regard to sub-paragraph (e) was that the words "de bonne qualité" used in the French text were not equivalent to "wholesome" the term employed in English. It was for the Drafting Sub-Committee to bring the French text into line with the English.

Dr. PADUA (Philippines) thought that the wording of sub-paragraph (e) ought to make it clear that drinking water was to remain wholesome throughout the voyage; it might deteriorate.

Dr. DUJARRIC DE LA RIVIÈRE was more concerned about the quality of the water taken on at the port of departure or at ports of call, since experience had shown that water of whatever quality did not deteriorate in tanks.

Mr. VAN'T HAAFF noted that the preservation of drinking water was in any case provided for in paragraph 2 of Article 20.

The CHAIRMAN, in reply to observations by the delegate of Saudi Arabia, said that, first, the five litres of distilled water per day provided for in sub-paragraph (g) of Article 14 were to be in addition to the water in tanks and, secondly, that the provisions for the bacteriological purity of water would also ensure its purity for purposes of religious observance.

Dr. PADUA proposed that for the sake of consistency the committee refer to a nursing attendant in sub-paragraph (i), as it had agreed to do in Article 8.

Dr. DUJARRIC DE LA RIVIÈRE thought that the correct term in French for "nursing attendant" was perhaps "agent sanitaire"; but it was a matter for the Drafting Sub-Committee, which should also remember, in inserting a reference to nursing attendants in sub-paragraph (i), that under paragraph 2 of Article 8 there were to be two properly qualified medical practitioners where the number of pilgrims on board exceeded one thousand. He was recalling that to avoid inconsistency.

The CHAIRMAN agreed with the delegate of France. According to the text adopted for Article 8 the ship was to carry one medical practitioner and one nursing attendant, or two medical practitioners and two nursing attendants where the number of pilgrims exceeded a thousand. The Drafting Sub-Committee should see that the same reference was inserted in sub-paragraph (i) of Article 14.

In accordance with a suggestion by the delegate of the United Kingdom, it was agreed that the Drafting Sub-Committee should also make it clear that "experience of maritime health conditions" was not required of the nursing attendants.

Mr. VAN'T HAAFF suggested that in sub-paragraph (j) it be made clear that the deck referred to was the deck allotted to the pilgrims.

*Decision:* Article 14 was remitted to the Drafting Sub-Committee for redrafting in accordance with the various suggestions made.

#### **Article 15 [B 14]**

*Decision:* Article 15 was adopted.

#### **Article 16 [B 16]**

Dr. ARACTINGI (Syria) thought that the words "kept free from merchandise and unencumbered, and" in Article 16 were a repetition of Article 14 (j) and could be deleted.

The CHAIRMAN pointed out that the words in question added something by providing that the deck should not merely be unencumbered at the beginning of a voyage but should be maintained so.

*Decision:* Article 16 was adopted.

#### **Articles 17 [B 17] and 18 [B 18]**

*Decision:* Articles 17 and 18 were adopted.

#### **Article 19 [B 21]**

Mr. HASELGROVE suggested that the words "and for the measures specified in paragraph 2 of Article 21" be inserted before the comma in Article 19.

*Decision:* Article 19 was remitted to the Drafting Sub-Committee for redrafting in accordance with the suggestion of the delegate of the United Kingdom.

#### **Article 20 [B 19]**

Dr. MALAN (Italy) thought that Article 20 should contain a provision for continuous chlorination.

Dr. RAJA thought that the text should remain unchanged and the method of sterilization be left to the authority concerned.

After some further discussion, Dr. DUJARRIC DE LA RIVIÈRE suggested that the words "drinking-water" in paragraph 1 be replaced by "water sterilized by a process of proved efficiency".

The CHAIRMAN put to the vote the proposal of the delegate of India that the text of Article 20 remain unchanged.

*Decision:* The proposal was adopted by 8 votes to 2.

#### **Article 21 [B 20]**

Dr. LENTJES (Netherlands) thought that the first paragraph of Article 21 suggested that it was sufficient for the ship's surgeon to visit each pilgrim once during the voyage; the word "daily" should be inserted.

In reply to Dr. DUJARRIC DE LA RIVIÈRE, who did not think it would be possible for the ship's doctor to examine every pilgrim daily, the CHAIRMAN said it was not intended that the phrase "shall visit all the pilgrims" (in French "visite tous les pèlerins") should imply medical examination of all of them.

Dr. EL-HALAWANI suggested that Article 19 be placed after Article 21 to make unnecessary the modifications suggested by the United Kingdom delegation to the former article.

The CHAIRMAN thought that it could be left to the Drafting Sub-Committee to decide which solution to employ.

Dr. PADUA thought that it should be made clear that the "appropriate measures" referred to in paragraph 2 (e) included isolation and other methods of preventing the spread of epidemic diseases. He would accept a suggestion of the delegate of India that the words "control, including" be inserted before the word "disinfection".

Mr. HUDIG proposed that before the first comma in paragraph 3 be inserted the words "or about the fulfilment of the measures prescribed in Article 14".

The CHAIRMAN questioned the utility of such an insertion, since the measures prescribed in Article 14 were to be applied before the departure of the ship.

Dr. RAJA agreed with the Chairman that the surgeon should not be made answerable for the carrying out of measures which, under Article 14, were the specific responsibility of the health authority at the port of departure.

After some further discussion, the CHAIRMAN's suggestion to insert, before the first comma, the words "and to the provisions of sub-paragraphs (e), (f) and (g) of Article 14" was adopted.

*Decision:* Article 21 was remitted to the Drafting Sub-Committee.

#### **Article 22 [B 22]**

Dr. DUJARRIC DE LA RIVIÈRE pointed out that the persons referred to in Article 22 must inevitably come into contact with pilgrims. The object of the second sentence was to ensure that measures be taken to prevent such personnel conveying infection.

The CHAIRMAN explained that the difficulty indicated by the delegate of France was due to a discrepancy between the French and English texts which the Drafting Sub-Committee must rectify.

Dr. RAJA said that the words "persons charged with the nursing of patients" would not, as they stood, include the ship's surgeon.

The CHAIRMAN suggested that the words "care and" be inserted before "nursing".

Mr. VAN'T HAAFF thought that some provision should be inserted with regard to contact with the crew.

The CHAIRMAN suggested that the words "any other persons on board" be employed in place of "pilgrims".

*Decision:* It was agreed that the following text for Article 22 be remitted to the Drafting Sub-Committee: "Only the persons charged with the care and nursing of patients suffering from communicable diseases shall have access to them. Such persons, other than medical officers, shall not come in contact with any other person on board if such contact would be liable to convey infection".

#### **Article 23 [B 23]**

Dr. RAJA thought that Article 23 should contain some provision with regard to persons dying from causes other than communicable diseases.

The CHAIRMAN thought that that was a matter for national regulations. Whether persons dying from other causes were buried at sea or not depended generally on the existence of facilities for preserving the corpse and the distance from the nearest port.

*Decision:* Article 23 was adopted.

#### **Articles 24 and 25 [B 24]**

*Decision:* Articles 24 and 25 were adopted.

#### **Article 26 [B 25]**

Dr. SLOTBOOM (Netherlands) proposed and the delegation of the United Kingdom and the CHAIRMAN agreed to the deletion of the last part of Article 26, following the semi-colon.

Dr. RAJA thought that the international regulations referred to in the first part of Article 26 should be more precisely defined.

The CHAIRMAN said that the Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine had considered the article precise enough. However, he asked whether the representative of the International Civil Aviation Organization could give any further information.

Mr. MOULTON (International Civil Aviation Organization) said that the regulations referred to in Article 26 were those of his own organization, on which Members of WHO were represented, together with some other governments. Those regulations contained all the provisions needed under Article 26. If it was necessary that they be defined more precisely, the words "Convention on International Civil Aviation and Annexes thereto" might be used in place of "regulations".

Mr. KHANACHET wished to make the article more positive in tone by substituting for the words "shall not be relaxed merely because an aircraft is carrying pilgrims" the words "shall be applied as strictly to an aircraft carrying pilgrims as to all other aircraft".

*Decision:* Article 26 was referred to the Drafting Sub-Committee subject to the deletion proposed by the Netherlands delegation.

## Article 27 [B 26]

Dr. SLOTBOOM proposed that Article 27 be deleted as its provisions were already covered by Article 68 of the ICAO Convention, which provided that national authorities might designate the route to be followed or the airports to be used by any international air service.

Mr. HASELGROVE thought that Article 68 of the ICAO Convention did not fully cover the provisions of Article 27 of the draft Regulations since the former referred to air services and pilgrims might sometimes be carried in chartered aircraft.

The CHAIRMAN and the delegate of India thought Article 27 should be retained since it referred specifically to health administrations and not only generally to the State.

Mr. MOULTON thought that the article should be deleted, firstly because the ICAO Convention, as a

formal treaty, would carry more weight than the draft Regulations; secondly, because the designation of a specified airport could not be left to any one branch of a government; and thirdly, because the article if retained would have to be placed in Annex A of the draft Regulations.

Dr. JAFAR thought that "health administration" could be taken as meaning the health administration backed by the authority of the government. The decision would be governmental, but some department must initiate action, and that department should be the health administration.

After some further discussion, the CHAIRMAN suggested that Article 27 be retained on the understanding that the legal members of the Drafting Sub-Committee might later wish to delete it.

*Decision:* The Chairman's suggestion was adopted.

## Article 2 [B 2] (continuation from previous meeting)

The CHAIRMAN wished to rectify a mistake, which he had made at the previous meeting. He had said that the space on board ship provided for in Article 2 was the same as in the 1926 Convention but he now understood that the present provisions represented some increase.

Mr. HASELGROVE confirmed that Article 2 provided for increased space as compared with the 1926 convention which had specified a deck space of 16 square feet and a height of 6 feet, making 96 cubic feet. The deck space now to be provided was 16 square feet as before, but cubic capacity was to be 106 cubic feet; the height would therefore be 6.6 feet. He could see no objection to that increase; indeed, it might meet the suggestion which had come up in discussion that conditions should be improved.

The CHAIRMAN agreed with the delegate of the United Kingdom and wondered whether in view of the increase in height and cubic capacity the delegate of Pakistan would withdraw his suggestion that deck space be increased to 18 square feet (see page 261).

Dr. JAFAR said that the committee had agreed to prescribe 18 square feet of deck space and that it should not revoke that decision. The additional area would be of great advantage to pilgrims and any extra cubic capacity thereby entailed would be a further advantage.

*The meeting rose at 5 p.m.*



## REPORTS OF SUB-COMMITTEES AND WORKING PARTIES

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### SUB-COMMITTEE ON CREDENTIALS

#### FIRST REPORT <sup>1</sup>

[A3-4/SR/13]  
9 April 1951

The Sub-Committee on Credentials met on 9 April 1951.

Representatives of the following Members were present : Canada, Indonesia, Italy, Luxembourg, Netherlands, Norway, New Zealand, Philippines, Saudi Arabia, Syria and Thailand.

Dr. C. van den Berg (Netherlands) was elected Chairman, Professor G. A. Canaperia (Italy) Vice-Chairman, and Dr. R. G. Padua (Philippines) Rapporteur.

The sub-committee examined the credentials deposited by the delegations taking part in the Special Committee.

The credentials presented by the delegations listed below were found to be in order, thus entitling these delegations to take part in the work of the Special Committee, as defined by the Constitution of the World Health Organization. The sub-committee therefore proposes that the Special Committee

should recognize the validity of the credentials presented by the following delegations :

Canada	New Zealand
Chile	Norway
Denmark	Philippines
France	Saudi Arabia
India	Switzerland
Indonesia	Syria
Italy	Thailand
Laos	Union of South Africa
Luxembourg	United Kingdom
Netherlands	United States of America

Notifications from Australia, Belgium, Dominican Republic and Sweden giving the composition of their delegations state that credentials are being forwarded and the sub-committee therefore recommends to the Special Committee that these delegations be recognized with full rights in the Special Committee pending the arrival of their credentials.

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#### SECOND REPORT <sup>2</sup>

[A3-4/SR/21]  
12 April 1951

The Sub-Committee on Credentials met on 12 April 1951 under the chairmanship of Professor G. A. Canaperia (Italy).

Representatives of the following Members were present : Canada, Indonesia, Italy, Laos, Luxembourg, Netherlands, New Zealand, Norway, Philippines, Saudi Arabia, Syria and Thailand.

The sub-committee accepted the credentials of the delegations of Australia, Burma, Egypt, Monaco,

Pakistan, Sweden, Yugoslavia, entitling the members to take part in the work of the Special Committee as delegates and proposes to the Special Committee that the validity of these credentials should be recognized.

A notification from Greece giving the composition of its delegation states that credentials are being forwarded and the sub-committee therefore recommends to the Special Committee that this delegation be recognized with full rights in the Special Committee pending the arrival of its credentials.

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<sup>1</sup> Adopted by the Special Committee at its second meeting.

<sup>2</sup> Adopted by the Special Committee at its sixth meeting.

## SUB-COMMITTEE ON THE MECCA PILGRIMAGE

REPORT <sup>1</sup>[A3-4/SR/34]  
19 April 1951

1. The Sub-Committee on the Mecca Pilgrimage was set up during the session of the Special Committee established by the Third World Health Assembly to consider the draft International Sanitary Regulations.

The sub-committee, which was composed of delegations from those Member States interested in the Mecca Pilgrimage, considered seriatim the articles of Annexes A and B of the draft International Sanitary Regulations. Five meetings were held between 11 and 16 April.

Dr. M. T. Morgan was elected Chairman.

Dr. M. S. El-Far Bey (Egypt) and Professor G. A. Canaperia (Italy) were elected Vice-Chairmen.

Dr. M. Sadat (Syria) was elected Rapporteur.

Dr. G. Stuart (Secretariat) acted as Secretary to the sub-committee.

The sub-committee was composed of members of the delegations from the following countries: Egypt, France, Greece, India, Indonesia, Italy, Netherlands, Pakistan, Philippines, Saudi Arabia, Syria, Thailand and the United Kingdom.

2. The definitions of "pilgrim ship" and "season of the Pilgrimage", Annex A (Sanitary Control of Pilgrim Traffic approaching or leaving the Hedjaz

during the Season of the Pilgrimage), and Annex B (Standards of Hygiene and Welfare on Pilgrim Ships and Aircraft carrying Pilgrims), appended to this report, result from the deliberations and discussions of the sub-committee and therefore form, in the main, the report of the sub-committee.

3. The question of the quarantine station at Kamaran was fully discussed, and it was the opinion of the sub-committee, on the assumption that adequate facilities will be in existence at Jeddah by the time the International Sanitary Regulations come into force, that the quarantine station at Kamaran should have no place in these Regulations as a measure for the sanitary control of the Pilgrimage.

4. The question was raised whether it was within the province of the World Health Organization to deal with the matters forming the subject of Annex B. There was agreement that it would not be desirable to retain a small part only of the International Sanitary Convention, 1926, and that it was important that the existing provisions should not be allowed to lapse until such time as it would appear that the substance of that annex, or part of it, could be dealt with otherwise. It was pointed out, however, that most of the provisions of Annex B came under the heading of hygiene and it was decided therefore to eliminate the words "and welfare" from the title

<sup>1</sup> Adopted, with amendments to appendices 2 and 3, by the Special Committee at its twenty-first meeting.

## Appendix 1

## DEFINITIONS OF "PILGRIM SHIP" AND "SEASON OF THE PILGRIMAGE"

(From Part I of Draft International Sanitary Regulations)

"pilgrim ship" means a ship:

(a) which voyages to and from the Hedjaz during the season of the Pilgrimage, and

(b) which carries pilgrims in a proportion of not less than one pilgrim per 100 tons gross;

"season of the Pilgrimage" means a period beginning four months before and ending three months after the day of the Haj.

## Appendix 2

### SANITARY CONTROL OF PILGRIM TRAFFIC APPROACHING OR LEAVING THE HEDJAZ DURING THE SEASON OF THE PILGRIMAGE

(Annex A of Draft International Sanitary Regulations)<sup>2</sup>

#### PART I — MEASURES APPLYING TO ALL PILGRIMS

##### *Article 1 [A 1]*

1. The health authority for the port or airport of embarkation, or, in the case of transport by land, the health authority for the place of departure, shall ensure that every pilgrim before departure shall be in possession of a valid certificate of vaccination against smallpox and cholera, irrespective of the local area from which he comes or the sanitary conditions in that area; and, if he has left a yellow-fever infected local area or a yellow-fever endemic zone within the previous six days, of a valid certificate of vaccination against yellow fever.

2. On arrival in the Hedjaz, any pilgrim who is not in possession of any of the certificates required in paragraph 1 of this Article shall be vaccinated and given a certificate of such vaccination. Should the pilgrim refuse to be so vaccinated, the health authority may place him in isolation until the expiry of the relevant period of incubation, or refuse to allow him to enter the Hedjaz.

#### PART II — PILGRIM SHIPS

##### Chapter I — Pilgrim Ships passing through the Suez Canal

##### *Article 2 [A 2]*

Every pilgrim ship passing through the Suez Canal shall proceed in quarantine.

##### Chapter II — Pilgrim Ships going to the Hedjaz

##### *Article 3 [A 3]*

1. On arrival of a pilgrim ship at Port Said, any pilgrim who is not in possession of any of the certificates required in paragraph 1 of Article 1 of this Annex shall be vaccinated and given a certificate of such vaccination.

2. If on medical examination of a pilgrim ship at Port Said no case of epidemic disease is discovered, the ship shall be allowed to proceed to the Hedjaz, without calling at any intermediate port, as soon as the provisions of paragraph 1 of this Article have been complied with.

##### *Article 4 [A 4]*

Every pilgrim ship coming to the Hedjaz otherwise than through the Suez Canal shall, on arrival at Jeddah, proceed to the quarantine station designated by the health authority and shall not disembark pilgrims and their luggage until free pratique has been given.

##### Chapter III — Pilgrim Ships returning from the Hedjaz

##### *Article 5 [A 5]*

Any pilgrim returning from the Hedjaz who wishes to disembark in Egypt shall travel only in a pilgrim ship which stops at the sanitary station at El Tor, or at some other sanitary station appointed by the health administration for Egypt, where the sanitary measures provided for in the Egyptian Quarantine Regulations may be applied to him.

##### *Article 6 [A 6]*

The health administration for Saudi Arabia shall notify every diplomatic mission in its territory immediately there occurs in the Hedjaz during the season of the Pilgrimage a foyer of plague, cholera, yellow fever or smallpox, or an epidemic of typhus, or relapsing fever.

##### *Article 7 [A 7]*

1. If there has not been in the Hedjaz during the season of the Pilgrimage a foyer of plague, cholera, yellow fever or smallpox, or an epidemic of typhus, or relapsing fever, any pilgrim ship returning northwards may go from the Hedjaz, without calling at any intermediate port, to Suez, where the pilgrims shall be medically examined.

2. If there has not been a case of epidemic disease on board during the voyage, and five days have elapsed, reckoned from the date on which the pilgrim ship left the Hedjaz, the health authority at Suez shall allow it to enter the Suez Canal, even at night. The health authority may allow any such pilgrim ship to enter the Suez Canal less than five days after it left the Hedjaz if the first two pilgrim ships returning from the Hedjaz via El Tor as well as the aircraft carrying pilgrims who have landed there before the arrival of the second ship have been found to be free from infection.

3. If there has been a case of plague, cholera, yellow fever or smallpox on board during the voyage, the pilgrim ship shall be directed to go to the sanitary station at El Tor.

4. If there has been a case of typhus, or relapsing fever on board during the voyage, the pilgrims shall be disembarked

<sup>2</sup> The numbers given to the articles in this annex do not in all cases correspond with those of the original draft, as they were changed by the Sub-Committee on the Mecca Pilgrimage to take account of the deletions and additions it proposed (see minutes of the first to fifth meetings, pp. 248-68). The numbers in square brackets are those of the final text.

at Suez, the pilgrim ship shall be put in quarantine, and the appropriate measures of revaccination, disinsecting and disinfection shall be taken before it is allowed to continue its voyage.

*Article 8 [A 8]*

If there has occurred in the Hedjaz during the season of the Pilgrimage a foyer of plague, cholera, yellow fever or smallpox, or an epidemic of typhus or relapsing fever, every pilgrim ship intending to pass through the Suez Canal shall proceed to the sanitary station at El Tor.

*Article 9 [A 9]*

1. On arrival at El Tor of any pilgrim ship directed there under paragraph 3 of Article 7, or under Article 8, of this Annex, the health authority for the sanitary station shall apply the following measures :

(a) if there is a case of plague, cholera or yellow fever on board, every pilgrim shall be disembarked and the suspects submitted to such sanitary measures as the health authority considers appropriate. The pilgrims shall be isolated in the case of cholera for a period of not more than five days, and in the case of plague or yellow fever for a period of not more than six days, after the last case has occurred ;

(b) if there is a case of smallpox, typhus or relapsing fever on board, every suspect shall be disembarked and disinfected or disinsected ;

(c) the appropriate measures of deratting, disinsecting and disinfection of the pilgrim ship shall be taken if necessary.

2. When the measures provided for in this Article have been applied, any pilgrim who is not an infected person shall be allowed to re-embark and the ship allowed to continue its voyage.

*Article 10 [A 10]*

Every pilgrim ship returning from the Hedjaz and going to a territory on the African coast of the Red Sea shall, without calling at any intermediate port, proceed to such sanitary station as may be appointed by the health administration for that territory, and any sanitary measures considered necessary by the appropriate health authority shall be applied at such sanitary station.

### PART III — TRANSPORT BY AIR

*Article 11 [A 11]*

1. Any pilgrim returning from the Hedjaz who wishes to disembark in Egypt, except as provided in Article 29 of the Regulations, must first call at El Tor, or at some other sanitary station appointed by the health administration for Egypt, where the sanitary measures provided for in the Egyptian Quarantine Regulations may be applied to him.

2. No sanitary measures other than those provided for in the Regulations shall apply during the voyage to other pilgrims returning by air from the Hedjaz.

3. The health administration for any territory to which the pilgrim returns may determine the sanitary measures to be applied to him.

### PART IV — TRANSPORT BY LAND

*Article 12 [A 12]*

Every pilgrim who wishes to enter Saudi Arabian territory by land shall do so only at a sanitary station appointed by the health administration for Saudi Arabia, where the measures provided for in the Regulations shall be applied.

*Article 13 [A 13]*

If there has been in the Hedjaz during the season of the Pilgrimage a foyer of plague, cholera, yellow fever or smallpox, or an epidemic of typhus, or relapsing fever, the appropriate health authority for the first area adjoining Saudi Arabia which a pilgrim returning therefrom enters may either isolate him at a sanitary station, or place him under surveillance, as it considers necessary, for not longer than the incubation period of the disease which has occurred.

### PART V — NOTIFICATIONS

*Article 14 [A 14]*

The health administration for Saudi Arabia shall inform the Organization weekly by telegram of the epidemiological conditions prevailing in its territory during a period beginning two months before the date of the Haj and ending two months after that date. This information, which shall take into account the data furnished and the notifications made to that administration by the medical missions accompanying the pilgrims, shall be transmitted by the Organization to the health administrations of the territories from which the pilgrims come with a view to enabling them to apply the appropriate provisions of these Regulations on the return of the pilgrims.

*Article 15 [A 15]*

During the season of the Pilgrimage all health administrations concerned shall transmit periodically and, if necessary, by the most rapid means, to the Organization all sanitary information they may collect concerning the Pilgrimage. They shall also present to the Organization not later than six months after the end of the Pilgrimage an annual report thereon. This information shall be forwarded by the Organization to all health administrations concerned.

## Appendix 3

## STANDARDS OF HYGIENE ON PILGRIM SHIPS AND ON AIRCRAFT CARRYING PILGRIMS

(Annex B of Draft International Sanitary Regulations)<sup>3</sup>

## PART I — PILGRIM SHIPS

*Article 1 [B 1]*

Only mechanically propelled ships shall be permitted to carry pilgrims.

*Article 2 [B 2]*

1. Every pilgrim ship shall be able to accommodate the pilgrims on the between-decks.
2. Pilgrims shall not be lodged on any deck lower than the first between-deck below the water-line.
3. The following space provisions shall be made on a pilgrim ship for each pilgrim, irrespective of age :
  - (a) on the between-decks, in addition to the space provided for the crew, an area of not less than 18 English square feet or 1.672 square metres and a cubic capacity of not less than 108 English cubic feet or 3.058 cubic metres ;
  - (b) on the upper deck, a free area of not less than 6 English square feet or 0.557 square metres in addition to the area upon that deck required for the working of the ship or reserved for the crew, or taken up by temporary hospitals, douches, and latrines.
4. The decks above the upper between-decks shall be wooden decks or steel decks covered with wood or any equally satisfactory insulating material.
5. Satisfactory ventilation, augmented by mechanical means, at least in the case of decks below the first of the between-decks, and by portholes in the upper between-decks, shall be provided.

*Article 3 [B 3]*

1. Every pilgrim ship shall be provided on deck with screened places supplied at all times, even if the ship is lying at anchor, with sea-water under pressure, in pipes which shall be fitted with taps or douches, in the proportion of not less than one tap or douche for every 100 or fraction of 100 pilgrims.
2. A sufficient number of such places shall be for the exclusive use of women.

<sup>3</sup> The numbers given to the articles in this annex do not in all cases correspond with those of the original draft, as they were changed by the Sub-Committee on the Mecca Pilgrimage to take account of the deletions and additions it proposed (see minutes of the first to fifth meetings, pp. 248-68). The numbers in square brackets are those of the final text.

*Article 4 [B 4]*

1. In addition to closet accommodation for the crew, every pilgrim ship shall be provided with latrines, fitted with flushing apparatus or water-taps, in the proportion of not less than three latrines for every 100 pilgrims or fraction of 100 pilgrims ; provided that, for existing ships in which it is impracticable to provide that proportion, the health authority for the port of departure may permit the proportion to be not less than two latrines for every 100 pilgrims or fraction of 100 pilgrims.
2. A sufficient number of such latrines shall be for the exclusive use of women.
3. No latrine shall be situated in the hold of a ship or in a between-deck which has no access to an open deck.

*Article 5 [B 5]*

1. Every pilgrim ship shall be provided with satisfactory hospital accommodation situated on the upper deck unless the health authority for the port of departure considers that some other situation would be equally satisfactory.
2. Such hospital accommodation, including temporary hospitals, shall be of sufficient size, allowing not less than 97 English square feet or 9 square metres for every 100 pilgrims or fraction of 100 pilgrims, and so constructed as to provide for separate accommodation of infected or suspected persons.
3. Separate latrines shall be provided exclusively for such accommodation.

*Article 6 [B 6]*

1. Every pilgrim ship shall carry medicaments and other articles for the treatment of the sick pilgrims, as well as disinfectants and insecticides. The health administration for the territory in which is situated the port of departure shall prescribe the quantities of such substances or articles to be carried.
2. Every pilgrim ship shall be provided with anticholera vaccine, antismallpox vaccine, and any other immunizing substance which may be prescribed by the health administration referred to in paragraph 1 of this Article, and such vaccines and substances shall be stored under suitable conditions.
3. Medical attendance and medicines shall be provided free of charge to pilgrims on a pilgrim ship.

*Article 7 [B 7]*

1. The crew of every pilgrim ship shall include a properly qualified medical practitioner, as well as a nursing attendant, employed for medical service on the ship.

2. If the number of pilgrims on board exceeds 1,000, the crew shall include two such practitioners and two nursing attendants.
3. Every such practitioner shall be so recognized by the health administration for the territory in which is situated the port of departure.

*Article 8 [B 8]*

Each State may submit ships embarking pilgrims in its ports to requirements in excess of those prescribed in Articles 2, 3, 4, 5, 6 and 7.

*Article 9 [B 9]*

Each pilgrim on board a pilgrim ship shall keep with him only such light baggage as is essential for the voyage.

*Article 10 [B 10]*

The sanitary charges which each pilgrim will normally incur throughout his voyage to and from the Hedjaz shall be included in the price of his return ticket.

*Article 11 [B 11]*

1. The master of every pilgrim ship or the agent of the shipping company shall notify the health authority for each port at which pilgrims are due to be embarked for the Hedjaz of the intention to do so three days before the ship leaves the port of departure and twelve hours before it leaves any subsequent port of call.
2. A similar notification shall be made to the health authority for Jeddah three days before the ship leaves that port.
3. Every such notification shall specify the proposed date of departure and the port or ports of the landing of the pilgrims.

*Article 12 [B 12]*

1. The health authority for a port, on receiving a notification provided for in Article 11 of this Annex, shall inspect the ship, and may measure it if the master cannot produce a certificate of measurement by another competent authority or if the inspecting authority has reason to believe that such certificate no longer represents the actual conditions of the ship.
2. The cost of any such inspection and measurement shall be payable by the master.

*Article 13 [B 13]*

The health authority for a port at which pilgrims are embarked shall not permit the departure of a pilgrim ship until satisfied that :

- (a) the ship carries as part of the crew a properly qualified and registered medical practitioner with experience of maritime health conditions, as well as a nursing attendant, or in the case of paragraph 2 of Article 7 of this Annex, two such medical practitioners, as well as two nursing attendants, and sufficient medical stores ;
- (b) the ship is thoroughly clean and, if necessary, has been disinfected ;
- (c) the ship is properly ventilated and provided with awnings of sufficient size and thickness to shelter the decks ;
- (d) there is nothing on board which is or may become injurious to the health of the pilgrims or crew ;

(e) there is on board, properly stowed away, in addition to the requirements of the ship and crew, sufficient wholesome food for all the pilgrims during the voyage ;

(f) the drinking-water on board is wholesome and sufficient ;

(g) the tanks for the drinking-water on board are properly protected from contamination and so closed that the water can be drawn from them only by means of taps or pumps ;

(h) the ship carries a condenser capable of distilling not less than 5 litres of drinking-water per day for each person on board ;

(i) the ship has a proper and sufficient disinfecting chamber ;

(j) the deck allotted to the pilgrims is free from merchandise and unencumbered ;

(k) any appropriate measure provided for in this Annex can be applied on board ;

(l) the master has obtained :

(i) a list, countersigned by the health authority for each port at which pilgrims have been embarked, showing the names and sex of the pilgrims embarked there and the maximum number of pilgrims which may be carried on the ship ;

(ii) a document giving the name, nationality, and tonnage of the ship, the names of the master and ship's surgeon or surgeons, the exact number of persons embarked, and the port of departure. This document shall include a statement by the health authority for the port of departure, showing whether the maximum number of pilgrims which may be carried has been embarked, and, if not, the additional number of pilgrims the ship is authorized to embark at subsequent ports of call.

*Article 14 [B 14]*

1. The document referred to in sub-paragraph (l) (ii) of Article 13 of this Annex shall be countersigned at each port of call by the health authority for that port, which shall enter on such document :

(a) the number of pilgrims disembarked or embarked at that port ;

(b) anything that has happened at sea affecting the health of persons on board ;

(c) the sanitary conditions at the port of call.

2. If any such document is altered in any other manner during the voyage, the ship may be treated as infected.

*Article 15 [B 15]*

No pilgrim shall be permitted to cook food on board a pilgrim ship.

*Article 16 [B 16]*

During the voyage of a pilgrim ship, the deck allotted to pilgrims shall be kept free from merchandise and unencumbered and reserved for their use at all times, even at night, without charge.

*Article 17 [B 17]*

The between-decks of a pilgrim ship shall be properly cleansed every day during the voyage at a time when they are not occupied by the pilgrims.

*Article 18 [B 18]*

Every latrine on a pilgrim ship shall be kept clean and in good working order, and shall be disinfected as frequently as necessary and in no case less than three times daily.

*Article 19 [B 19]*

1. Not less than 5 litres of drinking-water shall be provided daily, free of charge, to each pilgrim, irrespective of age.
2. If there is any reason to suspect that the drinking-water on a pilgrim ship may be contaminated, or if there is any doubt as to its quality, it shall be boiled or sterilized, and it shall be removed from the ship at the first port at which a fresh and wholesome supply can be obtained. The tanks shall be disinfected before being filled with the fresh supply.

*Article 20 [B 20]*

1. The ship's surgeon shall daily visit the pilgrims on a pilgrim ship during its voyage, give medical attention to them as may be necessary, and satisfy himself that hygienic standards are being observed on board.
2. The ship's surgeon shall, in particular, satisfy himself :
  - (a) that the rations issued to the pilgrims are of good quality and properly prepared and that the quantity is in accordance with the carriage contract ;
  - (b) that drinking-water is distributed as provided in paragraph 1 of Article 19 of this Annex ;
  - (c) that the ship is always kept clean and that the latrines are cleaned and disinfected as provided for in Article 18 of this Annex ;
  - (d) that the pilgrims' quarters are kept clean ;
  - (e) that, in the case of the occurrence of any communicable disease the appropriate measures of control, including those of disinfection and disinsecting, have been carried out.
3. If there is any doubt as to the quality of the drinking-water, the ship's surgeon shall draw the attention of the master, in writing, to the provisions of sub-paragraphs (e) (f) and (g) of Article 13 and paragraph 2 of Article 19 of this Annex.
4. The ship's surgeon shall keep a day-to-day record of every occurrence relating to health during the voyage and, if so requested by the health authority for any port of call or for the port of destination, he shall produce the record for inspection.

*Article 21 [B 21]*

The ship's surgeon shall be responsible to the master of a pilgrim ship for all necessary measures of disinfection or disinsecting on board, which shall be carried out under the

supervision of the ship's surgeon, and for the measures specified in paragraph 2 of Article 20.

*Article 22 [B 22]*

Only the persons charged with the care and nursing of patients suffering from communicable diseases shall have access to them. Such persons, other than the ship's surgeon, shall not come in contact with pilgrims or crew if such contact would be liable to convey infection.

*Article 23 [B 23]*

1. If a pilgrim dies during the voyage, the master shall record the fact opposite the name of the person on the list required by sub-paragraph (i) of paragraph (I) of Article 13 of this Annex and he shall also enter in the ship's log the name of the person, his age, the place from which he came, and the cause or assumed cause of death.
2. If the person has died at sea from communicable disease, the corpse shall be wrapped in a shroud impregnated with a disinfecting solution and shall be buried at sea.

*Article 24*

The master of a pilgrim ship shall enter in the ship's log every prophylactic measure taken during the voyage, and, if so requested by the health authority for any port of call or for the port of destination, he shall produce the log for inspection.

*Article 25 [B 24]*

This Annex does not apply to pilgrim ships engaged on short sea voyages, accepted locally as coasting voyages, which shall conform with special requirements agreed between the States concerned.

## PART II — AIRCRAFT

*Article 26 [B 25]*

The provisions of the Convention on International Civil Aviation (Chicago, 1944) and of the Annexes thereto, governing the transport of passengers by air, the application of which may affect the health and welfare of such passengers, shall be equally enforced whether an aircraft is carrying pilgrims or other passengers.

*Article 27 [B 26]*

A health administration may designate a specified airport or airports as the only ones in its territory where pilgrims may disembark.

## JURIDICAL SUB-COMMITTEE

## PART I

REPORT <sup>1</sup>[A3-4/SR/65 Rev. 1]  
1 May 1951

1. The Juridical Sub-Committee held six meetings between 24 and 30 April 1951.<sup>2</sup>

1.1 Representatives of the following delegations were present : Belgium, Chile, Egypt, France, India, Indonesia, Netherlands, Switzerland, United Kingdom and United States of America.

1.2 M. R. Maspétiol (France) was elected Chairman.

1.3 Dr. K. C. K. E. Raja (India) was elected Rapporteur.

2. The sub-committee considered the following provisions of the draft International Sanitary Regulations referred to it by the Special Committee : Parts IX and X, Article 95, and the definition of "international voyage". The sub-committee also considered the resolution adopted at its twenty-sixth meeting by the Special Committee, concerning the establishment of committees to deal with the application of the International Sanitary Regulations with particular reference to the settlement of questions or disputes within the World Health Organization (see section 6 of this report).

### 3. Parts IX and X

3.1 Appendix 1 to this report sets forth the text of Articles 99 to 110 as approved by the sub-committee. The sub-committee further wishes to bring to the attention of the Special Committee the following points :

3.1.1 In rewording paragraph 4 of Article 99 concerning the Pan American Sanitary Code, the sub-committee took account of the note presented by the Pan American Sanitary Bureau.<sup>3</sup> The sub-committee considered, however, that the eventual revision of the Code by the Directing Council of the Pan American Sanitary Organization was a purely procedural matter which concerned only the Ameri-

can States and that, therefore, no reference to the Directing Council should appear in Article 99. The delegate of Chile stated that he was in agreement with this opinion.

3.1.2 A majority of the sub-committee was in agreement with the opinion of the Legal sub-committee of the Expert Committee on International Epidemiology and Quarantine as set forth in the footnote on page 23 of the draft International Sanitary Regulations, namely, that no special clause concerning non-metropolitan territories should be included in the Regulations. However, the representatives of the Netherlands and United Kingdom requested that their contrary opinion should be stated in the report. The sub-committee recognized that if such a clause were not included, it would be desirable to make provision in the case of a State whose constitutional requirements made it difficult for the Regulations to be applied within any given period to territories for whose international relations that State was responsible, and it is therefore suggested that the Special Committee submit to the World Health Assembly the draft resolution as set forth in appendix 2 to this report. It was also suggested that an alternative solution would be to add to the first paragraph of Article 100 the following :

Such period may, by notification to the Director-General, be extended to eighteen months with respect to overseas or other outlying territories for whose international relations a State is responsible.

The sub-committee agreed to include this suggestion in its report.

3.1.3 The sub-committee recognized that difficulties might arise, in so far as the application of the International Sanitary Regulations was concerned, if a Member State of the World Health Organization, after becoming bound by the Regulations, were at a subsequent date to withdraw, or purport to withdraw from the Organization. The sub-committee felt that since this question involved, amongst other considerations, the interpretation of the Constitution of the Organization, it could not formulate any

<sup>1</sup> Examined by the Special Committee at its thirty-first meeting.

<sup>2</sup> The Juridical Sub-Committee issued a separate report on its meeting of 25 April 1951, at which Article 8 of Annex B and Article 4 of Annex A were discussed. The report is given on page 280.

<sup>3</sup> Unpublished working document A3-4/SR/57



specific provisions to be inserted in the Regulations, but that nevertheless the question should be brought to the attention of the Special Committee.

3.1.4 The delegate of Egypt informed the sub-committee that in so far as paragraph 3 of Article 107 was concerned, his delegation was of the opinion that disputes which had not been settled under paragraph 1 of that article should only be referred to the International Court of Justice if both the parties to the dispute had recognized the jurisdiction of the Court as compulsory under Article 36 of the Statute of the Court. Egypt had not yet recognized such compulsory jurisdiction and he considered that the words "by any State" in paragraph 3 of Article 107 should be replaced by the words "by the parties". He therefore requested the sub-committee that his opinion be recorded in the report.

#### 4. Article 95

4.1 The sub-committee considered that the existing article might give rise to difficulties in its application. It therefore recommends that it be deleted and that an addition be made to Article 22, which would then read as follows :

##### *Article 22*

Sanitary measures and health formalities shall be initiated forthwith, completed without any delay and applied without discrimination.

#### 5. Definition of "International Voyage"

5.1 The sub-committee recommends that the definition of "international voyage" be reworded as follows :

"*international voyage*" means—

in the case of a ship or an aircraft, a voyage between ports or airports in the territories of more than one State, or a voyage between ports or airports in the territory or territories of the same State if the ship or aircraft has relations with the territory of any other State on its voyage but only as regards these relations ;

in the case of a person, a voyage involving entry into the territory of a State other than the territory of the State in which that person commences his voyage.

#### 6. Resolution concerning the Establishment of Committees (see also section 2 of this report)

6.1 In the light of the provisions of Article 107 as redrafted by the sub-committee, it was felt that sub-paragraph (d) of the first part of the resolution should be deleted, and that a special paragraph be inserted dealing with the procedure to be followed in cases of disputes. The text of the resolution as reworded by the sub-committee is set forth as appendix 3 to this report.

### Appendix 1

#### DRAFT INTERNATIONAL SANITARY REGULATIONS

##### PART IX — FINAL PROVISIONS

##### *Article 99*

(In the first paragraph delete the words "following International Sanitary Conventions and similar Agreements" and substitute "existing International Sanitary Conventions and similar agreements as follows :")

(Sub-paragraphs 1 to 3—no change; delete sub-paragraph 4; re-number subsequent sub-paragraphs; add text below as sub-paragraph 13)

13. Articles 2, 9, 10, 11, 16 to 53 inclusive, 61 and 62 of the Pan American Sanitary Code, signed at Habana, 14 November 1924, the provisions of all remaining articles to remain in force.

##### *Article 100*

1. The period provided in execution of Article 22 of the Constitution of the Organization for rejection or reservation

shall be twelve months from the notification by the Director-General of the Organization of the adoption of these Regulations by the World Health Assembly.

2. (No change)

##### *Article 101*

1. If any State makes a reservation to these Regulations, such reservation shall not be valid unless it is accepted by the World Health Assembly and these Regulations shall not enter into force with respect to that State until such reservation has been accepted by the Assembly or, if the Assembly objects to it on the ground that it substantially detracts from the character and purpose of these Regulations, it has been withdrawn.

2. A rejection in part of these Regulations shall be considered as a reservation.

- 3(a) The World Health Assembly may, as a condition of its acceptance of a reservation, request the State making such reservation to undertake that it will apply any obligation

or obligations corresponding to the subject matter of such reservation which such State has previously accepted under the existing conventions and agreements listed in Article 99.

(b) If a State makes a reservation which in the opinion of the World Health Assembly detracts to an insubstantial extent from an obligation or obligations previously accepted by that State under the existing conventions or agreements listed in Article 99, the Assembly may accept such reservation without requiring as a condition of its acceptance an undertaking of the kind referred to in sub-paragraph (a) of paragraph 3 of this Article.

(c) If the World Health Assembly objects to a reservation, and that reservation is not then withdrawn, these Regulations shall not enter into force with respect to the State which has made such a reservation. Any existing conventions and agreements listed in Article 99 to which such State is already a party consequently remain in force as far as such State is concerned.

*(Former paragraph 2 to be deleted)*

#### Article 102

*(No change)*

#### Article 103

1. *(No change; date to be inserted by the World Health Assembly)*

2. Any State which becomes a Member of the Organization after [here insert the date to be given in paragraph 1 of Article 103] and which is not already a party hereto, may notify its rejection of, or any reservation to, these Regulations within a period of three months from the date that State becomes a Member of the Organization. Unless rejected, these Regulations shall come into force with respect to that State, subject to the provisions of Article 101, upon the expiry of that period.

#### Article 104

1. Any State not a member of the Organization which is a party to any of the conventions or agreements listed in Article 99, or to which the Director-General has notified the adoption of these Regulations by the World Health Assembly, may become a party hereto by notifying its acceptance to the Director-General and, subject to the provisions of Article 101, such acceptance shall become effective upon the date of coming into force of these Regulations, or after that date, three months after the date of receipt of such notification by the Director-General.

2. For the purpose of the application of these Regulations, Articles 23, 33, 62, 63 and 64 of the Constitution of the Organization shall apply to any non-Member State which becomes a party to these Regulations.

3. *(Deleted in its entirety)*

4. *(Substitute "resume application of" for "continue to be bound by")*

#### Article 105

The Director-General of the Organization shall notify all Members and Associate Members and also the parties to any of the conventions and agreements listed in Article 99 of the adoption by the World Health Assembly of these Regulations. The Director-General shall also notify these States as well as any other State which has become a party to these Regulations of any additional Regulations amending or supplementing

these Regulations, of any notification received by him under Articles 100, 102, 103, and 104 respectively, as well as of any decision taken by the World Health Assembly under Article 101.

#### Article 106

*(Deleted by the Special Committee)*

#### Article 107

1. Any question or dispute concerning the interpretation or application of these Regulations or of any Regulation supplementary to these Regulations may be referred by any State concerned to the Director-General who shall attempt to settle the question or dispute. If such question or dispute is not thus settled, the Director-General on his own initiative, or at the request of any State concerned, shall refer the question or dispute to any committee or other organ of the Organization for consideration.

2. Any State concerned shall be entitled to be represented before such committee or other organ.

3. Any such dispute which has not been thus settled may, by written application, be referred by any State concerned to the International Court of Justice for decision.

#### Article 108

The original texts of these Regulations shall be deposited in the archives of the Organization. Certified true copies shall be sent by the Director-General to all Members and Associate Members and also to the parties to any of the conventions and agreements listed in Article 99. Upon the entry into force of these Regulations, certified true copies shall be delivered by the Director-General to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations.

*(The authentication clause to be placed after Part X)*

#### Article 108 bis (new article)

The English and French texts of these Regulations shall be equally authentic.

### PART X — TRANSITIONAL PROVISIONS

#### Article 109

1. Notwithstanding any provision to the contrary of any of the existing conventions and agreements, a certificate of vaccination conforming with the rules and the model laid down in the Appendices 2, 3 and 4 shall be accepted as equivalent to the corresponding certificates provided for in the existing conventions and agreements.

2. Notwithstanding the provisions of paragraph 1 of Article 103, the provisions of this Article shall come into force on ... [e.g., six months from the date of the adoption of these Regulations by the World Health Assembly].

3. The application of this Article shall be limited to States which, within three months from the date of the notification by the Director-General of the adoption of these Regulations by the World Health Assembly, declare that they do not intend to make any reservation to this Article or to Appendices 2, 3 and 4.

4. A declaration made under paragraph 3 of this Article may exclude the application of this Article to any one of the Appendices 2, 3 and 4.

*Article 110*

*(No change)*

IN FAITH WHEREOF, we have set our hands at Geneva this ..... day of ... 19...

.....  
The President of the Fourth World Health Assembly

.....  
The Director-General of the World Health Organization

## Appendix 2

### DRAFT RESOLUTION

#### CONCERNING THE APPLICATION OF THE REGULATIONS TO NON-METROPOLITAN TERRITORIES

##### Preamble

The majority of the Juridical Sub-Committee has expressed the opinion that it is unnecessary to have a special clause concerning non-metropolitan territories in the International Sanitary Regulations as it is possible for any Member State, which does not desire to arrange for the application of the Regulations to a territory for whose international relations it is responsible, to make a declaration of rejection in so far as such territory is concerned. Nevertheless certain States desiring to apply the Regulations to territories for whose international relations those States are responsible may, for constitutional reasons, be unable to ensure the application of the Regulations to such territories within the period provided in Article 102. The sub-committee therefore considered that there should be presented to the Fourth World Health Assembly a resolution permitting those States to postpone the application of the Regulations in so far as such territories are concerned.

With the above considerations in mind the Special Committee recommends to the Fourth World Health Assembly the adoption of the following resolution :

##### Resolution

The Fourth World Health Assembly,

Recognizing that a Member State, because of its constitutional requirements, may be unable within the period specified in Article 102 of the International Sanitary Regulations for reservation or rejection, to arrange for the application of the Regulations to all territories for whose international relations it is responsible, and may therefore find it necessary to postpone the application of these Regulations to such territories by a declaration made under Article 22 of the Constitution of the World Health Organization,

RESOLVES that a declaration made for the above purpose shall not be considered as a reservation to which the provisions of Article 101 of the International Sanitary Regulations apply.

## Appendix 3

### DRAFT RESOLUTION

#### CONCERNING THE ESTABLISHMENT OF COMMITTEES TO DEAL WITH THE APPLICATION OF THE INTERNATIONAL SANITARY REGULATIONS <sup>4</sup>

##### Preamble

*(No change)*

##### Resolution

The Fourth World Health Assembly

RESOLVES as follows :

1. That the following procedure shall be applicable in the case of questions or disputes to which paragraph 1 of

<sup>4</sup> Redraft of resolution adopted by the Special Committee at its twenty-sixth meeting (see page 179).

Article 107 of the International Sanitary Regulations applies :

- (1) the Director-General shall deal with such questions or disputes and settle them as far as may be practicable ;
- (2) where a settlement is not so reached, the Director-General shall refer the question or dispute to the appropriate committee or other organ of the Organization for examination and settlement.
2. That the Executive Board be requested to entrust to the appropriate committee or committees the following duties connected with the International Sanitary Regulations :

- (1) a systematic and critical review of the Regulations and other relevant legislation, and the making of recommendations thereon ;
- (2) the preparation of additional regulations where necessary on diseases not covered in the Regulations ;
- (3) The submission of recommendations as required on practices, methods, and procedures in connexion with the subjects included in the Regulations.

3. That the Director-General, in convening such committee or committees, be requested to take note of the need :

- (1) for making available to them appropriate expert advice, inter alia, on such subjects as epidemiology, port sanitation, quarantine procedure, international law, aviation and shipping ;
- (2) for ensuring continuity of action ;
- (3) for providing to them the technical co-operation and advice of the appropriate WHO expert committees and study-groups.

## PART II

### REPORT ON ARTICLE 8 OF ANNEX B AND ARTICLE 4 OF ANNEX A <sup>5</sup>

[A3-4/SR/51]  
26 April 1951

The Juridical Sub-Committee met on 25 April 1951, in order to consider, inter alia, Article 8 of Annex B and Article 4 of Annex A to the draft International Sanitary Regulations.

Representatives of the following delegations were present : Belgium, Chile, Egypt, France, India, Indonesia, Netherlands, Switzerland, United Kingdom and United States of America.

M. Maspétiol (France) was in the chair.

The following paragraphs indicate the findings of the sub-committee :

#### Article 8 of Annex B

The sub-committee considered that the terms of Article 8 might permit a State, in making requirements in excess of those prescribed in Articles 2-7 of Annex B in so far as ships of another State were concerned, to discriminate between the requirements applicable to those ships and those applicable to its national ships, employed for pilgrim traffic.

The sub-committee also considered that such excess requirements could only be imposed by the State where the pilgrims embarked on departure for the Pilgrimage.

The sub-committee, therefore, recommends that Article 8 be reworded as follows :

Each State may submit ships embarking pilgrims for the Hedjaz in its ports to requirements in

excess of those prescribed in Articles 2-7 inclusive, provided that such requirements are in conformity with the laws of that State.

#### Article 4 of Annex A

The sub-committee was informed that at a meeting of the Special Committee the Saudi Arabian delegation had proposed the following addition to the article :—

The Saudi Arabian Government shall decide the quarantine measures to be applied to pilgrims disembarking on its territory.

Having been given to understand that the Special Committee had decided that, in addition to the measures provided for in the Annexes, only those provided for in the Regulations could apply to the Pilgrimage, the sub-committee considers that the proposed addition might imply that measures in excess of those provided for in the Regulations and Annexes could be applied to arrivals at Jeddah and that, therefore, it should not be included in the article.

The sub-committee also felt that since the application of the main body of the Regulations to the Pilgrimage is provided in Article 96, the decision of the Special Committee could best be met by an alteration in the wording of Article 96 as follows :

These Regulations apply to the Pilgrimage and, in addition, Annexes A and B.

<sup>5</sup> Examined by the Special Committee at its twenty-fourth meeting.

**WORKING PARTY ON THE PROPOSAL OF THE DELEGATION OF THE UNITED STATES  
TO ESTABLISH AN INTERNATIONAL SANITARY COUNCIL AND THE PROPOSAL OF THE  
DELEGATION OF FRANCE TO ESTABLISH A JUDICIAL BODY**

**PART I**

**REPORT OF THE WORKING PARTY <sup>1</sup>**

[A3-4/SR/45]  
23 April 1951

The working party set up by the Special Committee on 12 April to study the proposal of the United States delegation to establish an International Sanitary Council (appendix 1), and the proposal of the French delegation to establish a judicial body to settle disputes arising out of the application of the International Sanitary Regulations (appendix 2), met on the 13, 16, 17, 18, 20 and 21 April 1951.

It consisted of members of the delegations of Egypt, France, Italy, the Netherlands, the United Kingdom and the United States of America.

It elected as chairman Dr. G. A. Canaperia (Italy).

The working party decided to propose to the Special Committee of the Health Assembly :

(1) The inclusion in the Regulations, at the beginning of Part III—Sanitary Organization, Methods and Procedure, of a “ Chapter I—International Organization ”, composed of the two following new articles :

*Article 11 (A)*

1. Each Member State shall forward annually to the Director-General, in accordance with Article 62 of the WHO Constitution, information concerning the occurrence of any case of epidemic disease, due to, or carried by international traffic, as well as on action taken under the Regulations or bearing upon their application.

2. The Director-General shall, on the basis of the above-mentioned reports, of notifications required under the Regulations, and of other official information received, prepare an annual report on the functioning of the Regulations and on the relations of the epidemic situation in various parts of the world to international traffic.

<sup>1</sup> Examined by the Special Committee at its twenty-second and twenty-third meetings. A minority report on the same subject by the United Kingdom delegation is given on page 284.

*Article 11 (B)*

1. An International Sanitary Commission is hereby established under Article 18 (e) of the WHO Constitution.

2. This Commission shall :

(a) review annually the operation of the Regulations and make to the Assembly, through the Executive Board, such recommendations as it may deem advisable in respect to this operation, with a view to keeping sanitary measures abreast of scientific and technical developments, as well as of other conditions affecting international travel ;

(b) further exercise the functions specified under Article 107 (2) for the settlement of disputes arising out of the application of the Regulations.

3. The International Sanitary Commission shall be composed of seven members technically competent in the following fields : two in epidemiology, one in port sanitation and quarantine procedure, two in international law, one in aviation and one in shipping. The members shall be appointed

(*alternative 1*) by the Director-General subject to approval by the Executive Board,

(*alternative 2*) by the Executive Board from persons nominated by the Director-General,

for a specified term stated in the regulations adopted for the Commission by the Executive Board.

4. The Commission shall not include more than one member from any country nor more than 3 members from any one continent.

5. In order to assist the Commission in the discharge of its functions under 2(a) and 2(b), the Director-General may, in addition to the regular

members of the Commission, appoint additional members to serve at any one session, selected for their competence in the particular subject on the agenda of that session. The number of such additional members shall not exceed seven.

6. In order to assist the Commission in the discharge of its functions under 2(b), the Director-General may, in conformity with the regulations adopted for the Commission, appoint and place at its disposal to serve at any one session, experts selected for their competence in the particular subjects on the agenda of that session. Such experts shall act only in a consultative capacity.

7. Each State involved in a question or dispute referred to the Commission shall have a right to be represented as party when the question or dispute is dealt with by the Commission.

The above articles are to be followed by Chapter II of Part III (National Organization).

(2) The inclusion in the Regulations, in lieu of the present Article 107, of an amended text reading :

#### *Article 107*

1. Any question or dispute concerning the interpretation or application of these Regulations or of any regulations supplementary to these Regulations, may be referred by any State concerned to the Director-General of the Organization who shall attempt to settle the question or dispute.

2. If such question or dispute is not thus settled, the Director-General shall, or any State concerned may, submit the question or dispute to the International Sanitary Commission.

3. Any dispute which has not been thus settled may be submitted by any State concerned to the International Court of Justice, in conformity with its Statute.

(3) The submission to the Fourth World Health Assembly of a draft resolution to read as follows :

The Fourth World Health Assembly,

Having, in accordance with Article 18 (e) of the Constitution of the World Health Organization, established by means of Article 11 (B) of the WHO Regulations No. 2 the International Sanitary Commission :

1. DECIDES to entrust to this commission, in addition to those functions specified under Article 11 (B), and 107 (2) of the Regulations, the task of dealing with such questions and disputes arising out of the application of the International Sanitary Conventions remaining in force in part or wholly, which the Director-General has been unable to settle ;

2. REQUESTS the Executive Board to draft Regulations applicable to the commission, including inter alia the term of office of its members and the rules of procedure to be applied to its functioning ;

3. REQUESTS the Executive Board to exclude from the terms of reference of the Expert Committee on International Epidemiology and Quarantine those functions entrusted to the International Sanitary Commission, referred to under item 1 of the present resolution, such exclusion becoming operative as from the entry-into-force of the WHO Regulations No. 2.

The delegation of the United Kingdom wished to record its objection to including in the body of the Regulations any specification of the organ of WHO competent to deal with the questions and disputes arising out of the application of the Regulations.

It was moreover of opinion that the technical and judicial functions outlined in Article 11 (B) and paragraph 2 of Article 107 respectively, should not be exercised by the same organ.

It reserved the right to present its views to the Special Committee in a minority report.

#### **Appendix 1**

#### **PROPOSAL OF THE DELEGATION OF THE UNITED STATES OF AMERICA TO ESTABLISH AN INTERNATIONAL SANITARY COUNCIL**

[A3-4/SR/11]  
10 April 1951

The problems of international quarantine are dynamic ; new methods of disease control are constantly being discovered, and the time and place of occurrence of disease are

constantly changing. The application of the International Sanitary Regulations must keep abreast of these factors. Periodic appraisal of the application of the Regulations may

reveal opportunities to eliminate unnecessary measures. The United States delegation is of the opinion that co-ordinated examination and continuous study of the application of the Regulations is essential for their practical operation.

The United States delegation recommends the insertion of an article concerning the International Sanitary Council as Chapter I of Part III.

The text of the proposed new article is as follows :

### PART III — SANITARY ORGANIZATION, METHODS AND PROCEDURE

#### Chapter I — International Organization

1. There is hereby established an International Sanitary Council (hereinafter referred to as the Council) which is empowered and directed to exercise general supervision over the operation of these Regulations. Such supervision shall include the duty to review at least once a year the working of the Regulations, and to report to the next Health Assembly thereon, recommending any modifications in these Regulations which the Council deems desirable. The Council shall attempt to settle any question or dispute which is referred to it pursuant to the provisions of Article 107,

and to make a report thereof to the Director-General, who shall promptly inform all States parties to these Regulations of the Council's action.

2. The Council shall be composed of five members ; at least one of whom shall be technically qualified in the field of epidemiology, one in port sanitation and quarantine procedure, one in the field of international law with respect to treaties, and one in the field of aviation or shipping.

3. The members of the Council shall be appointed by the Director-General in accordance with rules established by the Executive Board, and shall be organized according to such rules. The Director-General may appoint up to four additional persons to serve as members at any one session of the Council. Such additional member or members shall be selected for their competence in particular subjects on the agenda of that session.

4. The Council shall meet at least once a year. It may be convened in extraordinary sessions by the Director-General on his own initiative, or at the request of three members of the Council, or at the request of any State concerned in a question or dispute regarding the interpretation or application of these Regulations, in the event that the Director-General has been unable to settle the question or dispute. The Director-General shall fix the time and place of each session.

### Appendix 2

#### PROPOSAL OF THE DELEGATION OF FRANCE TO ESTABLISH A JUDICIAL BODY

[A3-4/SR/18]  
12 April 1951

When submitting draft Article 107 to the Special Committee, the Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine deliberately made no reference to the body to which disputes concerning the application or interpretation of the Regulations that cannot be settled by the Director-General would be referred.

The French delegation proposes the creation of a judicial body under the following conditions :

When a question or a dispute cannot be settled by the Director-General the case will be referred by the latter to a judicial commission consisting of seven members : two epidemiologists ; three quarantine experts chosen for their competence in sea, land and air health control respectively ; two qualified jurists.

The members of the commission will be appointed by the Executive Board from a list submitted to them by the Director-General.

The members will be appointed for a period of six years and the commission will be renewed by half. Members may not be re-elected.

The commission may not include more than one member for any one State or more than three members for any one continent.

Appeals against the decision of this body may be referred to the International Court of Justice.

The French delegation accordingly proposes that Article 107 be reworded as follows :

#### Article 107

1. Any question or dispute concerning the interpretation or application of these Regulations or of any regulations supplementary to these Regulations may be referred by any State concerned to the Director-General who shall attempt to settle the question or dispute.

2. If such question or dispute is not thus settled, the Director-General shall, or any State concerned may, submit the question or dispute to a judicial commission of seven members appointed by the Executive Board from a list of names submitted by the Director-General.

3. Two of the members of the commission shall be chosen by reason of their epidemiological competence, three by reason of their competence in sea, air and land health control respectively, and two by reason of their legal competence in regard to the application of international treaties and the operation of international administrations.

4. The commission shall not include more than one national from any one State and not more than three nationals of States in any one continent. The members and seven

deputies designated under the same conditions shall be appointed for six years and may not be re-elected. The commission shall be renewed by half, the three titular members and the four deputies whose powers expire at the end of the first period of three years being determined by lot.

5. The commission shall establish its rules of procedure and shall elect its chairman.

6. Any State concerned shall be entitled to be represented before the judicial commission.

7. Any dispute concerning the interpretation or application of the present Regulations may, by written application against the decision of the judicial commission, be referred by any States concerned to the International Court of Justice for decision.

## PART II

### MINORITY REPORT OF THE DELEGATION OF THE UNITED KINGDOM <sup>2</sup>

[A3-4/SR/42]  
21 April 1951

1. The United Kingdom delegation regrets that it has been unable to associate itself with the recommendations of the working party.

2. The United Kingdom delegation recognizes the advantages of establishing within the Organization a body which would review at appropriate intervals the working of the International Sanitary Regulations. It agrees, moreover, that such a body should include representation of experts in the fields of epidemiology, quarantine procedure, international law, aviation and shipping, to whom might be added other experts with specialized experience. It dissents, however, from the conclusions adopted by the working party, namely (1) that such a body should also undertake the solution of disputes in connexion with the Regulations; and (2) that such a body should be established permanently under the provisions of the Regulations.

3. So far as the settlement of disputes is concerned, the United Kingdom delegation considers that the existing procedure is fully satisfactory and that it is quite unnecessary to establish any form of juridical committee of the kind envisaged. It should be sufficient to provide, as in paragraph 1 of the draft Article 107, that the solution of disputes should be a function of the Director-General, who would be able to deal with each dispute according to the circumstances of the case: those disputes which cannot be solved by correspondence would be referred, either to the existing expert committees or to a specially constituted ad hoc committee, as

might seem appropriate to him or as might be agreed between the parties to the dispute. The right of ultimate recourse to the International Court of Justice should be retained.

4. The United Kingdom delegation believes that a body entrusted with the task of studying the working of the Regulations and making recommendations on them would not be equally well suited for dealing with disputes and further that it would be a profound mistake to establish from the outset in the Regulations themselves a permanent and rigidly constituted body of this kind.

5. It is considered that the most appropriate way of bringing into existence a body to study the working of the Regulations would be by a resolution of the Health Assembly in accordance with Article 18 (e) of the Constitution. The Health Assembly would then give a directive for the establishment of a suitable committee in accordance with the usual procedure. Such a committee might meet annually or otherwise as directed by the Health Assembly in order to furnish a report for consideration by the Executive Board and subsequently by the Assembly.

6. In short, the United Kingdom delegation believes that the existing machinery within the Organization for settling disputes is sufficiently adaptable to meet all contingencies. Whether the task of reviewing the Regulations is entrusted to a body called an "expert committee" or to another form of committee under some other name is of minor consequence, so long as the body has the composition best suited for the work delegated to it and can be readily adapted to the problems and needs of the Organization both now and in the future.

<sup>2</sup> Examined by the Special Committee at its twenty-second and twenty-third meetings.



## Appendix 1

## ALTERNATIVE RESOLUTION PROPOSED BY THE DELEGATION OF THE UNITED KINGDOM

[A3-4/SR/47]  
24 April 1951

Further to the minority report submitted by the United Kingdom delegation, the following alternative resolution is proposed for submission to the Fourth World Health Assembly :

Considering the importance of the International Sanitary Regulations and of their proper administration and the desirability of their being reviewed at regular intervals with a view to possible amendment in the light of experience gained and the progress of science and technique ;

In accordance with Articles 18 (e) and 38 of the Constitution,

The Fourth World Health Assembly

DIRECTS that

(1) There shall be established a committee, to be known as the International Sanitary Committee, for the purpose of keeping under review the operation of the International Sanitary Regulations and of recommending from time to time any amendments of or additions to the Regulations which may be judged necessary ;

(2) The committee shall consist of ten members nominated by the Director-General to serve for a period of not more than three years, subject to renewal, of whom two shall be qualified in the field of epidemiology, two in

quarantine procedure, two in international law, two in shipping and two in air transport ;

(3) The services of additional experts in specialized subjects shall be made available to the committee as may be necessary for consultative purposes ;

(4) The committee shall meet annually or otherwise as directed by the Health Assembly and shall be furnished with information provided by Member States on the operation of the Regulations in accordance with Article . . . of the International Sanitary Regulations, and with particulars of notifications submitted by Member States in accordance with Article 3 of the Regulations and with other official information which may be available to the Organization ;

(5) The committee shall submit to the Health Assembly through the Executive Board an annual report on the working of the Regulations, together with any recommendations for modifications of the Regulations and for any studies which they consider should be undertaken in connexion therewith ;

(6) The conditions of appointment of members and the rules of procedure of the committee shall be generally in conformity with the Rules of Procedure for Expert Committees.

## WORKING PARTY ON THE DEFINITION OF "INFECTED LOCAL AREA"

REPORT <sup>1</sup>[A3-4/SR/16]  
12 April 1951

The working party met on 10 and 11 April 1951.

Members of the Working Party :

Dr. M. Jafar (Pakistan), *Chairman*  
Dr. A. N. Duren (Belgium)  
Dr. K. C. K. E. Raja (India)  
Dr. R. H. Barrett (United Kingdom)  
Mr. D. C. Haselgrove (United Kingdom)  
Dr. J. A. Bell (United States of America)  
Lt.-Col. L. C. Kossuth (United States of America)

The following also attended :

Dr. M. T. Morgan (United Kingdom), *Chairman of the Special Committee*  
Dr. H. S. Gear (Union of South Africa)

1. In the view of the working party it is desirable to amend the definitions below as follows :

"*foyer*" means the occurrence of two or more cases of an epidemic disease derived from an imported case or one or more cases derived from a non-imported case. The first case of yellow fever

<sup>1</sup> Adopted by the Special Committee at its sixth meeting.

transmitted by *Aedes aegypti* shall be considered as a foyer.

“*infected local area*” means :

- (1) a local area where there is a foyer of yellow fever, plague, cholera or smallpox, or
- (2) a local area where there is an epidemic of typhus or relapsing fever, or
- (3) a local area where plague infection among rodents has been found during the previous month on land or on craft which are part of the equipment of a port.

The definition of “local area” has been considered by the working party, and some observations

thereon are being remitted to the Drafting Sub-Committee.

2. The working party considers that the definition of “infected local area” should not include a reference to a “yellow-fever endemic area” owing to the size of the territories involved. It suggests that separate references to such areas should be made where necessary in the Regulations. It also suggests that such areas might be termed “yellow-fever endemic zones”.

3. The working party considers that notifications to the Organization required by paragraph 1 of Article 3 should be those reporting the occurrence of “infected local areas” as defined above.

## DRAFTING SUB-COMMITTEE

### REPORT <sup>1</sup>

[A3-4/SR/70]  
14 May 1951

1. The Drafting Sub-Committee was set up on 10 April 1951 by the Special Committee which had been established by the Third World Health Assembly to consider the draft International Sanitary Regulations.

2. The sub-committee met continuously during the session of the parent Special Committee, from 10 April to 3 May 1951, and reviewed the texts of the articles of the draft Regulations as they were amended or altered by the Special Committee.

3. New texts were drawn up, taking into account the final decisions of the Special Committee. Concordance throughout the Regulations and agreement between the English and French texts was thus able to be ensured. The Drafting Sub-Committee submitted the reviewed texts to the parent committee.

4. Meetings were held on 10, 11 and 12 May to prepare the text for review by the Committee on International Sanitary Regulations of the fourth World Health Assembly before the final text was submitted for approval and adoption by the Health Assembly.

The sub-committee was composed of the delegations of Belgium, Chile, France, Italy, Laos, the United Kingdom and the United States of America.

These delegations elected members to attend the meetings of the sub-committee.

Mr. H. B. Calderwood (United States of America) was elected Chairman.

M. L. A. D. Geeraerts (Belgium) was elected Vice-Chairman.

The sub-committee had the benefit of advice from Mr. J. Hostie, Chairman of the Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine.

Dr. Y. Biraud and Dr. G. Stuart (Secretariat) acted as secretaries to the sub-committee.

5. The revised draft text of the International Sanitary Regulations, including Appendices 1 to 6 concerning the forms and certificates, and Annexes A and B relating to the Pilgrimage, results from the deliberations of the Drafting Sub-Committee and, therefore, forms, in the main, the report of the sub-committee.<sup>2</sup>

<sup>2</sup> This revision of the draft International Sanitary Regulations is not reproduced in this volume. It incorporates the amendments introduced by the Special Committee to the text prepared by the Drafting Sub-Committee and discussed at the twenty-seventh to thirty-fifth meetings of the Special Committee, together with certain changes of style made subsequently by the Drafting Sub-Committee.

Many of the articles in the revised draft remain unchanged in the final text. Those which were discussed and to which amendments were made by the Committee on International Sanitary Regulations of the Fourth World Health Assembly are reproduced in the minutes of the meetings of that committee (pp. 290 to 315).

<sup>1</sup> Examined by the Committee on International Sanitary Regulations of the Fourth World Health Assembly at its third meeting.

6. There are, however, ten points—either inconsistencies which remain to be cleared or other matters on which the Drafting Sub-Committee has introduced an amended text to improve clarity—which are now brought to the attention of the Committee :<sup>3</sup>

(i) *Article 6 [6]* : Paragraph 2 of this article permits an infected local area outside a yellow-fever endemic zone to be declared free from infection one month after the reduction of the *Aedes aegypti* index to not more than one per cent. A foyer, however, is defined, as regards yellow fever, as the first case of human yellow fever transmitted by *Aedes aegypti* or any other vector of epidemic human yellow fever. No account is taken in the article of the “other vectors of epidemic human yellow fever”.

(ii) *Article 17 (A) [20]* : It was considered, in connexion with paragraph 2 of this article, that the intention of the Special Committee was to limit the mosquito-proofing of a direct transit area, in a yellow-fever endemic zone or in a receptive area, to the actual buildings within such an area. The phrase “Any building within a ...” has accordingly been introduced at the commencement of the paragraph.

(iii) *Article 63 [70]* : Paragraph 2 of this article permits the removal of a local area from the yellow-fever endemic zone if the *Aedes aegypti* index has remained for a period of one year below one per cent. A yellow-fever endemic zone, by definition, means an area in which *Aedes aegypti* or any other vector of epidemic human yellow fever is present but is not responsible for the maintenance of the virus which persists among jungle animals over long periods of time. No account is taken in the article of the “other vectors of epidemic human yellow fever”.

(iv) *Article 75 [83]* : This article has been considerably recast with, it is believed, resultant greater clarity. At the same time the necessary reference to the Certificate of Vaccination or Revaccination against Smallpox has been included in the text of the Regulations.

(v) *Article 99 [105]* : This article has been divided into two paragraphs to ensure clearer distinction between those conventions and agreements which are to be replaced and the Pan American Sanitary Code which, for the large part, is to remain in force.

(vi) *Article 103 [109]* : The period for reservation or rejection in Article 100 [106] has been increased from nine months to 12 months. The date, therefore, on which the Regulations will come into force should

also be postponed by three months, i.e., 18 months after the date of adoption. However, if the period of 12 months stays in Article 100, the World Health Assembly in 1952 will not be able to consider any reservations received. Such consideration would have to be postponed until 1953. Further, if the proposal on the holding of biennial assemblies is approved and adopted, it would be 1954 before the reservations could be considered by an Assembly.

(vii) *Article 109 [114]* : Administrative difficulties are likely to arise unless this article is accepted by the great majority of States. The existence of two types of International Certificate of Vaccination or Revaccination against Cholera, Smallpox and Yellow Fever may cause confusion.

(viii) *International Certificate of Vaccination or Revaccination against Cholera: Appendix 2* : The wording in the first paragraph of the rules of this certificate—“The vaccination or revaccination shall be by a single dose of a vaccine”—which was adopted by the Special Committee, did not, it was felt, interpret the decisions taken by that committee. Accordingly, after consultation with the Chairman of the Special Committee, the first and second paragraphs of the rules printed below the certificate have been replaced by the words : “The validity of this certificate shall extend for a period of six months beginning six days after the first injection of the vaccine or, in the event of revaccination within such period of six months, on the date of that revaccination.”

(ix) *Maritime Declaration on Health: Appendix 5* : Two contrary decisions concerning questions 1 to 4 on the Maritime Declaration of Health appear to have been taken by the Special Committee. One, taken at the eighteenth meeting (see page 129), was to substitute “since the last port of call” for “during the voyage”; the other, taken at the thirty-fifth meeting (see page 243), was that Appendices 1 to 6 were adopted as amended by the Drafting Sub-Committee. The Drafting Sub-Committee, after consideration of the minutes, has left the wording of the Maritime Declaration of Health unchanged. This, it is felt, records the wish of the Special Committee.

(x) *Annex A, Article 10 [A 10]* :<sup>4</sup> The words after “territory”—“and any sanitary measures considered necessary by the appropriate health authority shall be applied at such sanitary station”—have been deleted as a consequential amendment following similar deletions in Articles 4 [A 4], 5 [A 5] and paragraphs 1 and 3 of Article 11 [A 11] as amended by the Sub-Committee on the Mecca Pilgrimage.

<sup>3</sup> These ten points were discussed by the Committee on International Sanitary Regulations of the Fourth World Health Assembly at its third meeting. The articles referred to are reproduced where necessary in section 2 of the minutes of that meeting.

<sup>4</sup> Of the text submitted by the Sub-Committee on the Mecca Pilgrimage (see p. 272).

## WORKING PARTY ON THE KAMARAN QUARANTINE STATION

REPORT <sup>1</sup>[A3-4/SR/72]  
16 May 1951

The Working Party on the Kamaran Quarantine Station was set up by the Special Committee to consider the Draft International Sanitary Regulations at its thirty-sixth meeting on 15 May 1951.

The terms of reference of the working party were to make recommendations to the Special Committee concerning the desirability or otherwise of preserving the quarantine station at Kamaran during the period which must elapse until the International Sanitary Regulations (WHO Regulations No. 2) enter into force, and regarding the financial and administrative aspect resulting from its recommendation.

The working party held one meeting on 16 May 1951.

Members of the delegations from the following countries interested in the Mecca Pilgrimage attended: India, Indonesia, Pakistan, Philippines, Saudi Arabia and the United Kingdom.

Dr. K. C. K. E. Raja (India) was elected Chairman.

Dr. G. Stuart (Secretariat), acted as Secretary of the working party.

The working party, being aware of the decision of the Special Committee that, after the entry-into-force of the WHO Regulations No. 2, the Kamaran Quarantine Station would take no part in the sanitary control of the Mecca Pilgrimage, restricted its considerations to the problem which would exist in 1951 and 1952 and probably also in 1953.

During the preliminary discussion it was made clear that, whilst Indonesia and the Philippines had, until the entry-into-force of WHO Regulations No. 2, an obligation under Article 127 of the International Sanitary Convention, 1926, to send all ships proceeding to the Hedjaz to the quarantine station at Kamaran, India and Pakistan have no such obligation.

Further discussion recorded

(1) that the United Kingdom undertook to preserve, maintain and operate the quarantine station at Kamaran during the Pilgrimage season of 1951 at its own expense. Pilgrim dues would be levied on those ships which called at Kamaran.

The quarantine station would not be further maintained unless agreement to share the cost was reached between the countries concerned ;

(2) that the Government of Saudi Arabia undertook to have available at Jeddah, a sanitary station equipped and able to perform its function regarding the Mecca Pilgrimage, for the Pilgrimage season of 1952 and thereafter ;

(3) that as a result of the undertaking given in (2) above the necessity for preserving the Kamaran Quarantine Station after 1951 did not arise, and that those countries which are bound by Article 127 of the International Sanitary Convention, 1926 will be unable to fulfil their obligations under that article during any Pilgrimage season after 1951.

The working party, in the knowledge that the Special Committee has been requested to submit, under resolution EB7.R88 of the Executive Board, appropriate recommendations to the Fourth World Health Assembly, submits to the Special Committee, for its consideration, the following draft resolution which, if given approval, could be transmitted to the Fourth World Health Assembly :

Considering that the Government of the United Kingdom will maintain and operate the Kamaran Quarantine Station during the Pilgrimage season of 1951 ;

Considering that the Government of Saudi Arabia undertakes to have available at Jeddah a sanitary station, equipped and able to perform its function regarding the Mecca Pilgrimage for the Pilgrimage season of 1952 and thereafter,

The Fourth World Health Assembly

1. EXPRESSES its appreciation to the Government of the United Kingdom ;
2. NOTES that the Quarantine Station at Kamaran during the Pilgrimage season of 1952 and thereafter will be closed and that its functions will pass to the sanitary station to be established at Jeddah ;
3. RESOLVES that no action as envisaged in the resolution EB7.R88 (paragraph 3) of 5 February 1951 is therefore required.

<sup>1</sup> Presented to the Committee on International Sanitary Regulations of the Fourth World Health Assembly at its fourth meeting.

**COMMITTEE ON INTERNATIONAL SANITARY REGULATIONS  
OF THE FOURTH WORLD HEALTH ASSEMBLY**

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**AGENDA**

[A3-4/SR/76]  
18 May 1951

1. Revised draft text of the International Sanitary Regulations
2. Report of the Drafting Sub-Committee
3. Report of the Working Party on the Kamaran Quarantine Station
4. Draft resolutions for submission to the Fourth World Health Assembly
5. Various proposals and recommendations concerning the International Sanitary Regulations and their Annexes

**MINUTES OF THE COMMITTEE ON INTERNATIONAL SANITARY REGULATIONS <sup>1</sup>  
OF THE FOURTH WORLD HEALTH ASSEMBLY**

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**FIRST MEETING**

*Saturday, 19 May 1951, at 10.30 a.m.*

*Chairman: Dr. M. T. MORGAN (United Kingdom)*

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**1. Election of Officers**

Dr. BIRAUD, Secretary, explained that the Fourth World Health Assembly, acting on the recommendation of the Third World Health Assembly (resolution WHA3.71.1), had recognized the committee, which had originally been a special committee of the Third World Health Assembly, as a committee of the Fourth World Health Assembly. The Fourth World Health Assembly had elected the Chairman and one vice-chairman.

The CHAIRMAN suggested that the committee should formally confirm the nomination, by the Committee on Nominations of the Fourth World Health Assembly, of Dr. Sadat (Syria) as Vice-Chairman and of Dr. Raja (India) as Rapporteur.

Dr. JAFAR (Pakistan) moved that the nomination of Dr. Sadat as Vice-Chairman and of Dr. Raja as Rapporteur should be approved.

Mr. STOWMAN (United States of America) seconded the motion.

*Decision:* The proposal was carried unanimously.

**2. Adoption of the Agenda**

The proposed agenda (see page 289) was adopted, the Chairman reserving the right to change the sequence of the items.

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<sup>1</sup> The minutes of the meetings of this committee were circulated at the Fourth World Health Assembly under numbers A3-4/SR/Min/37 to A3-4/SR/Min/40.

**3. Consideration of the Revised Draft of the International Sanitary Regulations <sup>2</sup>**

Dr. GONZÁLEZ (Venezuela) expressed the opinion that the Fourth World Health Assembly had not followed the recommendation of the Third World Health Assembly literally, but had set up the Committee on International Sanitary Regulations as one of its main committees with the same status as the committees on Programme and on Administration, Finance and Legal Matters. The committee therefore had the right to discuss any points in the draft regulations submitted to it by the Special Committee of the Third World Health Assembly.

The CHAIRMAN suggested that, in order to save time, no vote should be required for reopening discussion on any point concerning the International Sanitary Regulations. He urged, however, that only important points of substance should be raised.

It was so agreed.

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<sup>2</sup> The revised draft is not reproduced in this volume. It incorporates the amendments introduced by the Special Committee to the text prepared by the Drafting Sub-Committee and discussed at the twenty-seventh to thirty-fifth meetings of the Special Committee, together with certain drafting changes made subsequently by the Drafting Sub-Committee.

Many of the articles in the revised draft remain unchanged in the final text. Those which were discussed and to which amendments were made by the Committee on International Sanitary Regulations of the Fourth World Health Assembly are reproduced in these minutes.

*Yellow-Fever Clauses: Memorandum submitted by Delegations of the American Countries*

The committee had before it a memorandum submitted by the delegations of the following countries : Argentina, Bolivia, Brazil, Chile, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Haiti, Mexico, Nicaragua, Panama, United States of America, Uruguay, Venezuela.

Amendments were proposed to certain definitions and articles of the revised draft of the International Sanitary Regulations. The definitions and articles concerned were :

*Definition of " Foyer "*

" *foyer* " means the occurrence of two cases of a quarantinable disease derived from an imported case, or one case derived from a non-imported case, the first case of human yellow fever transmitted by *Aedes aegypti* or by any other vector of epidemic human yellow fever shall be considered as a foyer ;

*Definition of " Yellow-Fever Endemic Zone "*

" *yellow-fever endemic zone* " means an area in which *Aedes aegypti* or any other vector of epidemic human yellow fever is present but is not obviously responsible for the maintenance of the virus which persists among jungle animals over long periods of time ;

*Article 66 [73]*

1. Every person employed at an airport situated in an infected local area, and every member of the crew of an aircraft using any such airport, shall be in possession of a valid certificate of vaccination against yellow fever.

2. Every aircraft leaving an airport situated in an infected local area and bound for a yellow-fever receptive area shall be disinfected under the control of the health authority as near as possible to the time of its departure but in sufficient time to avoid delaying such departure. The States concerned may accept the disinfecting in flight of the parts of the aircraft which can be so disinfected.

3. Every aircraft leaving a local area where *Aedes aegypti* or any other vector of epidemic human yellow fever exists, which is bound for a yellow-fever receptive area already freed from *Aedes aegypti* shall be similarly disinfected.

The delegations of the American countries proposed that, in all three cases, the words " or any

other vector of epidemic human yellow fever " should be deleted.

*Article 67 [74]*

A health authority in a yellow-fever receptive area may require a person on an international voyage, who has come from an infected local area and is unable to produce a valid certificate of vaccination against yellow fever, to be isolated until his certificate becomes valid, or until a period of not more than nine days reckoned from the date of last possible exposure to infection has elapsed, whichever occurs first.

The delegations of the American countries proposed to replace the word " nine " by " six ".

*Article 68 [76]*

1. On arrival, a ship shall be regarded as infected if it has a case of yellow fever on board, or if a case has occurred on board during the voyage. It shall be regarded as suspected if it has left an infected local area less than six days before arrival, or, if arriving within thirty days of leaving such an area, the health authority has special reasons for suspecting that there are *Aedes aegypti* on board. Any other ship shall be regarded as healthy.

2. On arrival an aircraft shall be regarded as infected if it has a case of yellow fever on board. It shall be regarded as suspected if the health authority is not satisfied with a disinsecting carried out in accordance with paragraph 2 of Article 66 and it has special reasons for suspecting that there are live mosquitos on board the aircraft. Any other aircraft shall be regarded as healthy.

The delegations of the American countries proposed to delete the words " has special reasons for suspecting that there are " and to substitute " finds " in both paragraph 1 and paragraph 2.

Professor ALIVISATOS (Greece) explained that he had supported the increase to nine days of the period of isolation of persons coming from an infected area without a valid certificate of vaccination against yellow fever because he understood from the literature on the subject that there was a possibility that the incubation period might be longer than six days. However, after hearing the explanation of Dr. Soper at the thirty-sixth meeting of the Special Committee, he agreed to inclusion in the Regulations of the period of six days, on the understanding that the person showed no signs of illness at the end of that period. His Government would transmit the text to the Supreme Council of Health and if it were not adopted would make a reservation.

Dr. SOPER, Director Regional Office for the Americas, referring to discussions which had taken place between the delegates of the American countries present in Geneva said that, although yellow fever had been stamped out in certain of the previously endemic areas, historically the disease had been a problem at one time or another in every country of the Americas. They were all, therefore, interested in the protection of non-infected areas against infected areas, as well as in inter-regional defence against yellow fever. He repeated the statement he had made at the thirty-sixth meeting of the Special Committee, namely, that for many years (for 27 years in the Pan American Sanitary Code and in previous agreements) six days had figured as the incubation period and the period during which there might be control over individuals coming from infected areas. Experience throughout that whole period had failed to show any case in which an individual had developed yellow fever, if at the end of the six days he showed no symptoms. American countries would accept the nine day period in the case of any person arriving in a feverish condition on any day within the six day period.

Referring to the proposal in the memorandum relating to elimination of the phrase "or any other vector of epidemic human yellow fever" he said that no evidence had been found in the Americas of human to human transmission other than by *Aedes aegypti*. He had studied the situation in Africa and understood that, although transmission had occurred in some areas by mosquitos other than *Aedes aegypti*, those areas were essentially rural and therefore did not present the same danger as would urban centres from which international travellers departed.

Although the other points in the memorandum might be considered of minor importance, it was felt that the basis for considering ships and aircraft as infected should be the actual discovery of mosquitos on board.

Dr. RAJA (India) said that the provisions of Article 67 were intended to provide adequate protection to receptive areas against the spread of yellow fever. The article provided that, in the case of a person arriving from a yellow-fever infected place without a valid certificate of vaccination against the disease, the health authority of the receptive area concerned might isolate him either until the certificate of vaccination became valid, i.e., until 10 days had elapsed since the date of vaccination, or for a period not exceeding nine days from the date of last exposure of the person to

infection, whichever was earlier. Dr. Soper's contention was that the period of nine days could and should, in the light of all epidemiological evidence available, be reduced to six. India had, for the past 20 years, taken a more cautious and conservative attitude than most other countries in regard to the period that should elapse before a person attained full protection, if that person had been exposing himself to infection during the time that was necessary for the development of adequate immunity after vaccination. In that connexion he drew attention to a document, "Period required for the Development of Satisfactory Immunity after Inoculation with Yellow-Fever Vaccine"<sup>3</sup> which contained a summary of a discussion on the subject among various yellow-fever experts, in the course of which Dr. C. G. Pandit, then Director of the King Institute of Preventive Medicine, Madras, had clearly demonstrated that a period of ten days was inadequate. After prolonged discussions at that meeting and later through correspondence, India had agreed to accept a period of 12 days in the place of the proposed period of ten. The claim for 12 days appeared to be fully justified, even by the report of the Yellow-Fever Panel on its first session<sup>4</sup>—the latest authoritative evidence available. That report referred to the establishment of effective immunity only from the seventh day following inoculation. If that were so, a person living in a yellow-fever infected area, although vaccinated against the disease, was likely to carry the infection even if he left the infected area on the sixth day after inoculation. To that period should be added another period of six days—the incubation period of the disease. In all, a period of 12 days was required, which was what India had suggested.

Dr. Soper had drawn attention to his prolonged experience in South America. That evidence was of an indirect and circumstantial nature. He had contended that the application of isolation for a six-day period had not been followed by any evidence of the spread of the disease. But evidence of a direct and positive character in regard to the period required for the development of immunity in human beings as the result of vaccination neither could nor should be ignored. In fact, during the prolonged discussions that had taken place between Dr. Pandit and distinguished workers in yellow fever, such as Dr. Mahaffy and Dr. Taylor, the view emerged that experiments on monkeys were not sufficient to enable a definite decision to be taken and that the results of human vaccination against the disease

<sup>3</sup> Unpublished document WHO/YF/1

<sup>4</sup> *World Hlth Org. techn. Rep. Ser.* 1950, 19



would be required. He quoted data made available by Dr. M. V. Veldee, Chief of the Biologics Control Laboratory, National Institutes of Health, US Public Health Service, in September 1948. Of 20 persons vaccinated against yellow fever, all of whom had been non-immune before vaccination, eight days after vaccination, antibodies were not present in respect of ten persons, four had shown a trace of antibodies, another four a low level of immunity, and only in the case of the remaining two had adequate immunity been established. After ten days, adequate protection had been attained by 14 of the 20 persons vaccinated. After 12 days, the number of those fully protected had risen to 18 and remained at 18 after 14 days. No further results appeared to have been recorded. That information had been made available by Dr. Veldee to the Director-General. In Dr. Raja's opinion, those results justified India's contention that the period for assuring that adequate protection had been achieved by the vaccinated person should be 12 days and not ten. India asked for that period of 12 days only in respect of those exposed to yellow-fever infection while they were developing immunity after inoculation, although, in the light of the results reported by Dr. Veldee, it seemed justifiable to suggest that it would be safer to apply the longer period to all persons vaccinated against yellow fever.

The reason for India's wish to have a period of nine, instead of six, days of isolation as an alternative method of procedure under Article 67, was that, if a person developed an extremely mild, ambulant type of the disease, either as the result of partial immunity from vaccination or from any other cause, there might be only subjective symptoms such as mild headache or a feeling of lassitude, which clinical examination would probably fail to detect and which the patient might fail to disclose either because of his inability to associate such conditions with the occurrence of a mild attack of the disease or because of a perfectly natural and understandable wish to escape as early as possible from the detention to which he was being subjected. While the possibility of such cases was recognized to be very small, the consequences of such a person securing freedom to infect local mosquitos in a receptive area with an abundance of *Aedes aegypti*, and of susceptible monkeys and human beings would be disastrous. The effects were not likely to be confined to India; a wide tropical and sub-tropical belt, in fact a large part of Asia, with its inhabitants numbering several hundreds of millions, might thereby become exposed to yellow-fever infection. He was not aware of the conditions in South America; he did not know

whether monkeys or other susceptible animals existed in that continent in sufficiently large numbers and in relatively close association with man. In India such conditions existed in large parts of the country, including well-populated areas, and, since *Aedes aegypti* was present, the possibility of permanent reservoirs of infection being set up was unduly high. In the circumstances, if the Government of India was cautious and determined to take adequate measures for the protection of its own and neighbouring countries, that action should be applauded as a wise decision and should not be opposed as unnecessary interference with the freedom of international travellers.

He recalled the specific recommendation of the Yellow-Fever Panel that only persons fully protected against the disease should be permitted to leave yellow-fever areas.<sup>5</sup> It should also be remembered that the Expert Committee on International Epidemiology and Quarantine and the Special Committee to consider the draft International Sanitary Regulations had decided not to accept the recommendation of the Yellow-Fever Panel and left Article 65 in its present form so as to permit insufficiently protected persons to leave yellow-fever infected areas, in spite of repeated requests that the position should be rectified by suitable modification of either Article 65 or Article 67 in the interests of Asian countries. In the circumstances, he stated that, even if Article 67 were accepted in its present form, i.e., with the nine-day period instead of six, India might feel it necessary to make a reservation in respect of the provision that the period of isolation should not exceed the period of ten days for attaining full immunity, in view of the retention of the words, "whichever is earlier" at the end of the article against which the Government of India protested. Without the deletion of those words or without an extension of the period for attaining full immunity from ten to 12 days in respect of insufficiently protected persons coming from yellow-fever areas, his Government considered that India and its neighbouring countries had not an adequate measure of safety against the spread of yellow fever. If the present committee decided to recommend to the Health Assembly that the period of nine days should be reduced to six days, India's reservation was likely to extend to that provision also.

He thought that the individual detained deserved no sympathy. He should be fully protected before leaving a yellow-fever area; any inconvenience which he suffered was a natural consequence of his failure to do so. Yellow-fever inoculation carried

<sup>5</sup> World Hlth Org. techn. Rep. Ser. 1950, 19, 7

with it immunity for six years, and was less of a hardship than cholera inoculation, which was accepted as effective only for six months. Large numbers of travellers from India were subjecting themselves to a double cholera inoculation every six months without complaint.

The provisions of the draft Sanitary Regulations required that any reservations made by a Member should be accepted by the Health Assembly. In the circumstances, the delegation of India considered that, if India felt bound at a later date to make a reservation in respect of Article 67, it would have been to its advantage for his statement to have been recorded in full. Such a reservation must naturally come before a future Health Assembly for consideration and his Government would then be able to show that, even during the passage of the draft Regulations through the committee stage, its position had been explained clearly and fully.

Dr. METCALFE (Australia) endorsed the views of the previous speaker. The matter could not be decided purely on academic grounds. Should India become infected with yellow fever the infection might spread to Indonesia, and it was of vital concern to Australia that the populations of those countries should remain free from the disease.

Dr. JAFAR also fully supported the views put forward by the delegate of India. He was definitely against the proposed amendments.

The fact that there had been no case of yellow fever in the receptive areas of the Americas was no certain factor. He mentioned the strong representations made during the last war for the relaxation of restrictions imposed on army officers and others passing through India after military operations in East and North Africa, on the grounds that populations of certain areas, adjacent to yellow-fever areas, had not been infected. Owing to a sudden outbreak of yellow fever, the request had been withdrawn. Similar cases could again occur, and Pakistan was not prepared to take any risk by relaxing the restrictions. The airport of Karachi had great responsibility in the matter as practically all air traffic bound for Australia and the Far East passed through there; a yellow-fever epidemic in Pakistan would spread to India, Burma, Thailand and elsewhere because the whole area was thick with mosquitos, and was infected with monkeys which could harbour infection.

Dr. HURTADO (Cuba) wished to make it perfectly clear that the amendments submitted by the dele-

gations of the American countries were based entirely on realistic grounds after long, practical experience in infected yellow-fever zones and not—as the discussion would appear to suggest—merely on theory. The only way to stamp out yellow fever completely was to eliminate *Aedes aegypti* throughout the whole territory, which method he hoped would be adopted by other countries in order to lessen the danger of the spread of the disease.

Accordingly, in the interests of international travel, a period of six days corresponding to the incubation period of yellow fever should be restored in Article 67.

Dr. EL-HALAWANI (Egypt) was unable to accept the deletion in the definitions of “foyer” and “yellow-fever endemic zone” of the words “or any other vector of epidemic human yellow fever”, since that would rule out the possibility of transmission by any other aedines. The provisions in the regulations, moreover, were loosely worded as regards the areas from which travellers departed. The possibility of the transmission of yellow fever from rural areas should not be overlooked, nor should it be forgotten that airports might be established in such areas, resulting in disastrous epidemics in receptive areas. Infection might even be transmitted from an urban area recently infected, before yellow fever had been diagnosed there. He instanced cases of an influenza type of yellow fever with mild symptoms discovered by Dr. Kirk in the Nubian mountains. It was because of the possibilities of such unknown foci in Africa, and the great risk to which a receptive area like Egypt was exposed, that his delegation was unable to accept the deletion of the phrase referred to. He understood that Dr. Soper might be prepared to accept its replacement by “domiciliary vectors of epidemic yellow fever”.

In conclusion, he stressed the danger resulting from travellers coming from local areas not declared as infected, but exposed to infection before their departure. Unless internal quarantine barriers in endemic zones were provided, the provisions regarding yellow fever were unacceptable.

Dr. KARUNARATNE (Ceylon) fully agreed with the views expressed by the delegate of India. If necessary, Ceylon would have to make a reservation together with the other Far Eastern countries. His country wished to adopt reasonable measures for the protection of its nationals against the possible introduction of yellow fever, the more so in view of potential carriers. The draft Regulations under

consideration laid down the maximum restrictions to be enforced by any country. If some countries so desired they need not enforce the maximum restrictions but might modify them.

Dr. ENGLER (Panama) believed that the main difference between the various views expressed turned upon the continual presence of *Aedes aegypti* in an infected area. Experience had shown that it was possible to eradicate *Aedes aegypti* by the application of DDT. The International Sanitary Regulations should therefore be drafted in line with modern science. He supported the reduction from nine to six days of the period required in Article 67.

Dr. JAFAR asked the committee to bear in mind that, under the provisions of Article 21, it was open to the countries having submitted the amendments under discussion to reduce the measures laid down as far as their own countries were concerned.

Dr. GARCÍA (Ecuador) drew attention to the opinion of many eminent yellow-fever workers that, when a person was infected, the virus circulated in the blood only for the first three or four days and that therefore such a person could only infect mosquitos during that period ;

There were two types of yellow fever—urban yellow-fever and jungle yellow-fever. Jungle yellow-fever was transmitted by mosquitos which were attracted only to animals and the disease was, therefore, essentially an occupational one, affecting woodcutters who went into the forests ; Ecuador has no experience of jungle yellow-fever except in such forest workers.

He did not consider that there was any danger of urban yellow-fever being transmitted to forest animals by *Aedes aegypti*. It was true that, in Africa, there existed the mosquito, *Aedes simpsoni*, which had a dual habitat ; however, in view of the limited period in which an infected person could infect mosquitos, he still maintained that the period of six days proposed should be accepted.

Dr. RAJA asked whether there were large numbers of monkeys in South America living in close association with man. If not, the conditions there differed from those in India.

While he agreed with the delegate of Panama about the efficacy of DDT for the elimination of *Aedes aegypti*, especially in airports, there were large areas in India which had neither the DDT, personnel nor facilities necessary for carrying out a campaign.

Dr. SOPER said that in the Americas there were not large numbers of monkeys living in close contact with the human population ; except in the case of a few American-Indian tribes living in the forest areas.

He stressed that the essential point at issue was how to prevent the transmission of the virus.

Experience during the past 50 years had shown that the period of six days was adequate for isolation unless the individual had symptoms. Even with mild ambulatory cases some symptoms were always present. He was not insisting that an individual with fever who arrived at the end of a six-day period should be treated as other than a suspected case. He fully recognized that it was not always possible to diagnose yellow fever until after several days had passed and even after the infective period had passed. In his view, however, it was unfair to consider that every individual coming from an infected area was a potential case of yellow fever.

Professor FERREIRA (Brazil) said that the amendments submitted by the American countries were in no way intended to force other regions of the world to accept their views on protection. What was essential was to guarantee that restrictions would only be made in the case of easily detectable symptoms. He was in favour of stipulating a period of six days in Article 67.

*The meeting rose at 12 noon.*

## SECOND MEETING

Saturday, 19 May 1951, at 2.30 p.m.

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

# 1. Consideration of the Revised Draft of the International Sanitary Regulations

*Yellow-Fever Clauses: Memorandum submitted by Delegations of the American Countries (continuation)*

Mr. STOWMAN (United States of America) said that the memorandum before the committee (see previous meeting, page 291) raised three questions:

- (1) Was the presence of *Aedes aegypti* an adequate criterion when defining a foyer or a yellow-fever endemic zone, or should the words "or any other vector of epidemic human yellow fever" be added in each case?
- (2) Should the waiting period in cases of exposure to yellow-fever infection be six or nine days?
- (3) Should the word "finds" be substituted for "has special reasons for suspecting that there are" in Article 68 and should there be a similar amendment in paragraph 2 of the same article?

The amendment proposed under (3) was primarily a matter of wording and could be accepted without hesitation. With regard to point (1), it should be noted that, under paragraph 2 of Article 63, an infected local area which formed part of a yellow-fever endemic zone, could be declared free from infection one year after the reduction of the *Aedes aegypti* index to not more than one per cent.<sup>6</sup> Other vectors of epidemic human yellow fever were not mentioned in that article. Reference to them elsewhere in the Regulations would not therefore appear to be justified.

Dr. MACLEAN (New Zealand) considered that the morning's discussion of the six or nine day period of isolation had introduced no new arguments. Since

the sponsors of the memorandum on the yellow-fever clauses in the draft International Sanitary Regulations could not alter the opinions of the delegates from countries in the receptive areas, they should withdraw their proposal.

Dr. BRIDGMAN (France) said that the discussion had revealed two distinct points of view among the members of the committee. Countries in which yellow fever was endemic, particularly those of Latin America, felt that the protection considered scientifically correct by the experts was sufficient to prevent any extension of the disease. On the other hand, receptive countries which had not yet been infected with yellow fever wished to make absolutely certain that no infection was introduced and therefore preferred to adopt a provision which included a reasonable safety margin. He quoted examples to show how the speed of modern communications increased the risk of infection. It was wisest to be on the safe side and his delegation supported those who wished to lay down a waiting period of not more than nine days. Countries which were satisfied that a waiting period of six days was adequate could adopt such a period after first obtaining the approval of the World Health Organization.

Dr. DAENGSVANG (Thailand) agreed with the views which had been expressed at the previous meeting by the delegations from India and Pakistan. He pointed out that under Article 6 an area could not be considered as free from infection until after a waiting period of twice the incubation period of the disease in the case of plague, cholera, smallpox, typhus or relapsing fever, and of three months with effect from the occurrence of the last human case (or of one month after the reduction of the *Aedes aegypti* index to not more than one per cent) in the case of yellow fever outside a yellow-fever endemic zone. Those waiting periods provided adequate safeguards; it was only logical that an adequate safeguard should also be provided in the case of persons who had come into a yellow-fever receptive area from an infected local area and were unable to

<sup>6</sup> Paragraph 2 of Article 63 read:

2. When a State declares to the Organization that, in a local area which is part of a yellow-fever endemic zone, the *Aedes aegypti* index has continuously remained for a period of one year below 1 per cent, the Organization shall, if it concurs, notify all health administrations that such local area has ceased to form part of the yellow-fever endemic zone.

produce a valid certificate of vaccination against yellow fever. He therefore supported retention of the period of nine days in Article 67.

The CHAIRMAN, in summing up the discussion, indicated that there was general agreement that the incubation period for yellow fever was six days. It was also agreed that the validity of the yellow-fever certificate began ten days after inoculation. That was accepted by the Yellow-Fever Panel and had been embodied in the report of the panel on its first session. There were, however, two groups of opinion with regard to the length of the waiting period provided in Article 67; one group of States wished to base the International Sanitary Regulations on the scientific evidence and make the period six days; another group considered that it was difficult to be certain whether or not an individual was developing yellow fever and that it would, therefore, be safer to make the waiting period nine days. Delegates should make every effort to arrive at a compromise rather than come to a decision which would be the object of reservations by certain Members of the Organization. He pointed out, in that connexion, that the words "not more than nine days" could mean anything from one to nine days.

In addition to the point already discussed, two proposals were before the committee: One, submitted by the delegations of the American countries, was for deletion of the phrase "or any other vector of epidemic human yellow fever". The other, by the delegate of Egypt, was for its replacement by the words "or any other domiciliary vector of yellow fever". He would first put to the vote the proposal of the delegations of the American countries.

*Decision:* The proposal to delete the words "or any other vector of epidemic human yellow fever" was defeated by 18 votes to 14, with 9 abstentions.

The CHAIRMAN then put to the vote the amendment proposed by the delegation of Egypt.

*Decision:* The proposal to replace the words "or any other vector of epidemic human yellow fever" in the definitions of "foyer" and "yellow-fever endemic zone" and in Article 66 by the words "or any other domiciliary vector of yellow fever" was adopted by 36 votes to 1, with 7 abstentions.

Dr. VARGAS-MÉNDEZ (Costa Rica) stated that the discussion on the six or nine day waiting period could not be reopened as proposed by the Chairman with a view to finding a compromise solution.

Dr. SOPER, Director, Regional Office for the Americas, explained that the 21 Pan American countries were linked together by the Pan American Sanitary Code, which they had all ratified. All 21 had, however, taken action enabling the code to be modified legally in order to bring it into line with universally accepted international sanitary regulations, provided the latter were not too far from the accepted practice in the Americas. The Pan American Sanitary Conference had asked him to submit a suitable text to its Directing Council in September 1951. If the Health Assembly could agree on a text which the Pan American Sanitary Conference would accept, the approval of the 21 States was assured.

Referring to the remarks of the delegate of New Zealand, he stressed that there were receptive as well as endemic areas in the Americas; the situation was, therefore, very similar to that in other parts of the world. However, under the Pan American Sanitary Code, all 21 American countries had accepted the period of six days. The problem of the relations of countries like Brazil, where yellow fever always existed in one area or another, with non-infected South American countries, such as Argentina, loomed very much larger than that of occasional travellers to other parts of the world. He hoped the committee would take the present provisions of the Pan American Sanitary Code into account and adopt the six day period, in order that the International Sanitary Regulations might be accepted by the American countries.

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, wondered whether the addition of a second paragraph to Article 67 might not be a way out:

2. Within the period provided in Article 100 each State may declare that it shall limit to six days the period provided in paragraph 1 of this Article.

If the States of the Western group made such a declaration collectively they would achieve their object.

The CHAIRMAN said that another solution would be to delete in Article 67 the words "whichever occurs first", and to add:

- Within the period provided in Article 100 each State may declare that it shall extend to nine days the period provided in paragraph 1 of this Article.

Dr. RAJA (India) preferred the Chairman's suggestion.

Mr. HOSTIE said that if that alternative suggestion were followed, a few words should be added at the end of paragraph 1 to make it clear that the choice rested with the health authority. The paragraph would read :

1. A health authority in a yellow-fever receptive area may require a person on an international voyage, who has come from an infected local area and is unable to produce a valid certificate of vaccination against yellow fever, to be isolated until his 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 that authority considers appropriate.

Dr. HURTADO (Cuba) said that since Article 67 had been drawn up on the basis of reports from expert advisers, he was surprised that the alteration from six to nine days had been made in the memorandum before the committee. The committee should not go against the advice of its experts and it should abide by the original figure. An extension of the period would limit international travel. Cuba therefore categorically demanded that the original figure of six days should be reinstated.

The CHAIRMAN said that every International Sanitary Convention since the first in 1851 had been the result of a compromise between the interests of shipping and transport and what the quarantine experts thought desirable. For a country to be absolutely safe it must close its doors to all international travel, which was not economically feasible. Quarantine port medical officers knew that most of their actions were highly unscientific ; they were compromises, and the best that could be done in most circumstances.

Dr. JAFAR (Pakistan) recalled that the Yellow-Fever Panel had laid down for the purposes of quarantine that certificates of inoculation against yellow fever should be considered valid from the tenth day to the sixth year following inoculation.<sup>7</sup> The panel had stressed the fact that there was considerable evidence to show that immunity was established by the seventh day and lasted for many years beyond the accepted period. It was therefore clear that immunity was not complete before the seventh day and that, if a person were exposed to

infection on the sixth day following vaccination, there was still a possibility of his developing the disease within the following six days. He suggested that the period of isolation for people who had been exposed to infection and whose inoculation was not mature should be 12 days.

Dr. MACLEAN said that a traveller who left an infected area on the first day of the month, was vaccinated on the fourth and arrived at his destination on the tenth, would have passed nine days since being exposed to infection and he should not be restricted in any way, but if the words " whichever that authority considered appropriate " were placed in paragraph 1 of Article 67, the health authority might argue that he would not become immune for a further four days. The words " whichever occurs first " should therefore be reinstated.

The CHAIRMAN asked if the committee wished to take a decision on the lines of the compromise suggested ; that is, whether in paragraph 1 the word " nine " should be changed to " six " and whether the paragraph suggested by Mr. Hostie should be added to Article 67.

In reply to Dr. RAJA, who asked what were the legal implications of including or excluding the words " whichever that authority considers appropriate ", Mr. HOSTIE said that the mere deletion of the words " whichever occurs first " would leave the meaning of the article ambiguous. Therefore, it was necessary either to retain them or to insert " whichever that authority considers appropriate ".

Dr. RAJA preferred the words " whichever that authority considers appropriate " since it gave freedom to health authorities to act in accordance with the best interests of their country.

Professor FERREIRA (Brazil) asked for an immediate vote by roll-call on the proposals submitted by delegations of the American countries.

Dr. HURTADO supported the request. The question was a technical one and did not lend itself to compromise.

Dr. METCALFE (Australia) moved the closure of the debate.

No delegate spoke against the motion and the CHAIRMAN declared the debate closed.

<sup>7</sup> *World Hlth Org. techn. Rep. Ser.* 1950, 19, 8

*A vote was taken by roll-call. The result of the vote was as follows:*

*In favour:* Argentina, Belgium, Bolivia, Brazil, Canada, Chile, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Korea, Mexico, Nicaragua, Panama, Turkey, Union of South Africa, United States of America, Uruguay, Venezuela.

*Against:* Australia, Burma, Ceylon, Egypt, Ethiopia, France, Greece, India, Indonesia, Iran, Iraq, Ireland, Lebanon, Monaco, Netherlands, Pakistan, Philippines, Portugal, Thailand.

*Abstained:* Denmark, Italy, New Zealand, Norway, Saudi Arabia, Sweden, Switzerland, Syria, United Kingdom.

*Absent:* Afghanistan, Austria, Cambodia, Finland, Guatemala, Hashemite Kingdom of the Jordan, Haiti, Iceland, Israel, Japan, Laos, Liberia, Luxembourg, Peru, Viet Nam, Yugoslavia.

*Decision:* The proposals contained in the memorandum submitted by the delegations of the American countries (see minutes of previous meeting, page 291) were therefore adopted.

The CHAIRMAN proposed to take a vote on the compromise paragraph for Article 67 suggested

by Mr. Hostie, which, in conformity with the decision just taken, would read :

2. Within the period provided in Article 100 [106] each State may declare that it shall extend to nine days the period provided in paragraph 1 of this Article.

Professor FERREIRA and Mr. STOWMAN thought the Chairman's proposal out of order in view of the vote just taken.

Dr. VAN DEN BERG (Netherlands) said that, legally, there was no need to vote on the compromise proposal, but in the present case it might be wise to do so.

Dr. VARGAS-MÉNDEZ said that, in respect of the waiting period, Article 67 now stood as originally drafted and that any further modification was out of place.

Dr. MACKENZIE (United Kingdom) said that if there was not some form of compromise nothing practical would result because the countries which believed in the article would apply it and the others would make reservations. He asked for a vote on the proposal.

*The meeting rose at 4 p.m.*

### THIRD MEETING

*Saturday, 19 May 1951, at 8.15 p.m.*

*Chairman:* Dr. M. T. MORGAN (United Kingdom)

#### 1. Consideration of the Revised Draft of the International Sanitary Regulations (continuation)

##### **International Certificate of Vaccination or Revaccination against Yellow Fever : Appendix 3**

The CHAIRMAN asked the committee to consider whether ten days was to be accepted as the period which must elapse before the certificate of vaccination against yellow fever (see final text, page 356) would become valid. At the previous meeting Dr. Jafar (Pakistan) had proposed that the period should be increased to 12 days.

In reply to a question by Dr. RAJA (India) as to whether his proposal for 12 days applied to all cases,

Dr. JAFAR said that it related to persons who had been exposed to infection, and had been vaccinated, in an endemic area. A person who left such an area within six days after inoculation would not have attained sufficient immunity to protect him and would still be liable to develop the disease during the next six days.

He proposed adding, at the end of the paragraph beginning "The validity of this certificate ..." the words "and 12 days in the case of those who have been exposed to infection within the first seven days of inoculation".

*Decision:* The proposal of the delegate of Pakistan was rejected by 24 votes to 6, with 9 abstentions.

## 2. Report of the Drafting Sub-Committee

The committee considered the ten points to which the Drafting Sub-Committee, in its report (see page 287), had drawn its attention.

### *Point (i): Article 6 [6]*

The discrepancy in paragraph 2 referred to by the Drafting Sub-Committee no longer existed, in view of the decision taken at the previous meeting to replace the phrase "other vectors of epidemic human yellow-fever" by "any other domiciliary vector of yellow fever" in the definitions of "foyer" and "yellow-fever endemic zone" and in Article 66. The revised draft for Article 6 given by the Drafting Sub-Committee was identical with the final text (see page 337).

### *Point (ii): Article 17(A) [20]*

The revised text of paragraph 2 prepared by the Drafting Sub-Committee read:

2. Any building within a direct transit area provided at any airport situated in a yellow-fever endemic zone or in a yellow-fever receptive area shall be mosquito-proof.

The CHAIRMAN said that a direct transit area might cover as much as two acres, which would be difficult and expensive to make mosquito-proof, and it was doubtful if the phrase "mosquito-proofing" could be intended to mean the use of DDT, as had been suggested. The amended wording suggested by the Drafting Sub-Committee was based on its interpretation of the Special Committee's intention.

*Decision:* The amendment suggested by the Drafting Sub-Committee was accepted.

### *Point (iii): Article 63 [70]*

Point (iii) had been cleared by the decision taken at the previous meeting to replace the phrase "other vectors of epidemic human yellow-fever" by "any other domiciliary vector of yellow fever". The revised draft for Article 63 given by the Drafting Sub-Committee was identical with the final text (see page 346).

### *Point (iv): Article 75 [83]*

The revised text prepared by the Drafting Sub-Committee read:

1. A health administration may require any person on an international voyage to possess, on arrival, a certificate of vaccination against smallpox. Any such person who cannot produce such a certificate may be vaccinated. If he refuses to be

vaccinated, he may be placed under surveillance for not more than fourteen days, reckoned from the date of his departure from the last territory visited before arrival.

2. A person on an international voyage, who during a period of fourteen days before his arrival has visited an infected local area and who, in the opinion of the health authority, is not sufficiently protected by vaccination or by a previous attack of smallpox, may be required to be vaccinated, or may be placed under surveillance, or may be vaccinated and then placed under surveillance; if he refuses to be vaccinated, he may be isolated. The period of surveillance or isolation shall not be more than fourteen days, reckoned from the date of his departure from the infected local area. A certificate of a vaccination against smallpox performed in time to permit the development of immunity shall be given consideration as evidence of sufficient protection.

3. A certificate of vaccination against smallpox shall conform with the rules and the model laid down in Appendix 4.

The CHAIRMAN agreed to a request by Dr. JAFAR that the Certificate of Vaccination or Revaccination against Smallpox (see appendix to these minutes, page 306) referred to in the text of the article, should be considered at the same time.

Dr. JAFAR considered—with certain other delegates—that the certificate as drafted did not conform with the principles underlying the drafting of the certificates of vaccination against yellow fever and cholera.

Whereas the smallpox certificate read "This certificate lapses three years after the date of vaccination...", it was clearly stated in the yellow-fever certificate that it would become valid ten days after the date of vaccination, and in the cholera certificate that validity would begin six days after the first injection of the vaccine.

He referred to the difference between the former International Sanitary Conventions—which were, to a great extent, international agreements—and the present Regulations, which, being issued under the name of the World Health Organization, would carry an assurance that they had been based on scientific grounds.

If no period of validity were stated on the smallpox certificate, the health authority of the place of arrival could infer that the certificate might or might not be valid as from the date of vaccination. It should be stated on the certificate that its validity began 14 days after vaccination.



Dr. DUREN (Belgium) agreed with the delegate of Pakistan that the three certificates should be consistent. A period of validity should be stated, at least in regard to primary vaccination. Three years was a short period of validity. In Belgium, as in many other countries, certificates of vaccination against smallpox were regarded as valid for a much longer period.

Professor FERREIRA (Brazil) and Dr. GONZÁLEZ (Venezuela) supported the views expressed by the delegates of Pakistan and Belgium.

Dr. RAJA suggested that primary vaccination and revaccination be separated. In the former case a minimum period of eight days might be sufficient, the result of the vaccination being recorded, and in the case of revaccination the certificate should become valid immediately.

Dr. BUSTAMANTE (El Salvador) did not agree with the preceding speakers. Under Article 54 [61] a valid certificate of vaccination against cholera was required of a person coming from an infected local area, and paragraph 2, Article 65 [72] required any person leaving an infected local area and proceeding to a yellow-fever receptive area to have a certificate of vaccination against yellow fever. In those cases there was a reason for a waiting period before the certificates became valid, but in the case of smallpox it was demanded that every person travelling on an international journey should have a certificate of vaccination, whether or not he came from an infected local area. Smallpox had been eliminated from many countries and restrictions should not be placed on persons who had not been exposed to infection.

He would prefer to see the article remain as originally drafted and, if a case of exposure to infection did occur, the necessary measures could be taken by the health authority concerned.

Mr. STOWMAN (United States of America) said that, if the certificate of vaccination were amended by the inclusion of a period of, say, 14 days, consequential amendments would be needed to the articles dealing with smallpox.

Agreeing with the delegate of the United States of America, the CHAIRMAN recalled that the question has been discussed over a period of three years; that the underlying reason for the certificate in its present form was that 999 out of 1,000 travellers had probably never been in contact with smallpox and there was no risk of their transmitting the disease on

an international journey. Nevertheless, the health authority of any country could, if it so wished, require such persons to be vaccinated on arrival.

It was also felt that travellers would not be amenable to a delay of from 8 to 14 days; that the presentation of faked certificates would, therefore, be encouraged, and that it would be reasonable to include an optional provision to be applied by the health authority of the country of arrival.

Moreover, as in the case of primary vaccination immunity would in all probability have been developed on the eighth day, a waiting period of 14 days would appear excessive.

Dr. JAFAR thought the Chairman's statement applied chiefly to European countries and the United States of America, and overlooked countries where smallpox was prevalent and through which many travellers passed.

Provided a certain period of validity was stated on the certificate, he would agree to eight days if the experts considered that period acceptable.

Regarding the remarks of the delegate of El Salvador, it should be borne in mind that a technical body like WHO should draft regulations on a scientific basis, and should not take into account solely the convenience of travellers. Scientific principles should be applied to smallpox, as to other epidemic diseases.

Dr. BUSTAMANTE agreed to the insertion of a period after which the certificate would become valid, but only in the case of persons coming from an infected local area.

Dr. METCALFE (Australia) said that, as now drafted, paragraph 1 of Article 75 [83] did not stipulate that the certificate of vaccination presented by a person must be his own. Moreover, if vaccination were to have any value, the certificate should give some indication of the result of the vaccination, which meant that a period must elapse after the date of vaccination before the certificate could be accepted as valid. His delegation could not accept the present certificate, which seemed to place more emphasis on the approved stamp than the furnishing of information.

The CHAIRMAN put to the vote the proposal of the delegate of India, that primary vaccination and revaccination should be shown in separate columns on the certificate; that in the case of primary vaccination the period after which the certificate become valid should be eight days, and that, in the

case of revaccination, the certificate should become valid on the day of vaccination. He suggested a sentence on the following lines, to be added to the certificate :

The validity of the certificate shall extend for a period of three years, beginning eight days after the date of a primary vaccination or, in the event of a revaccination within such a period of three years, on the date of revaccination.

The actual wording could be left to the Drafting Sub-Committee.

*Decision:* The proposal of the delegate of India was adopted by 28 votes to 8, with 4 abstentions.

After several delegates had suggested consequential amendments to Article 75, it was agreed that the Drafting Sub-Committee should redraft the text, taking into account the suggested amendments.

A vote was taken on the proposal of Dr. RAJA to insert the word "successful" before "primary vaccination" in the stipulation of eight days before the certificate became valid.

*Decision:* The proposal was adopted by 21 votes to 10, with 5 abstentions.

A vote was then taken on a further proposal by Dr. RAJA that the last sentence of paragraph 2 of Article 75 be amended to read :

A valid certificate of vaccination against smallpox shall be considered as evidence of sufficient protection.

*Decision:* The proposal was adopted by 25 votes to 2, with 2 abstentions.

In reply to questions, the CHAIRMAN said that paragraph 3 of Article 75 could probably be deleted, because the reference to the certificate in Appendix 4 would be included in another article. There would also be some consequential amendments to Article 1 of Annex A, which could be dealt with by the Drafting Sub-Committee.

*Point (v) : Article 99 [105]*

The amendment introduced by the Drafting Sub-Committee was approved (see final text, page 351).

*Point (vi) : Article 103 [109]*

The revised text prepared by the Drafting Sub-Committee read :

1. These Regulations shall come into force on .....

2. Any State which becomes a Member of the Organization after [here insert the date to be given in paragraph 1 of this Article] and which is not already a party hereto may notify its rejection of, or any reservation to, these Regulations within a period of three months from the date on which that State becomes a Member of the Organization. Unless rejected, these Regulations shall come into force with respect to that State, subject to the provisions of Article 101, upon the expiry of that period.

Mr. STOWMAN, on behalf of the delegation of the United States, moved that the period allowed for reservation or rejection in Article 100 [106]<sup>8</sup> should be reduced from 12 months to nine months so that reservations could be considered at the Fifth World Health Assembly. The Juridical Sub-Committee, in section 3.1.2 of its report (see page 276), had recommended that provision be made for States to extend that period, on notification to the Director-General, to 18 months in the case of overseas or other outlying territories for whose international relations they are responsible. If these two recommendations were taken together it would be possible to have all the main reservations in the course of nine months and complete their examination at the following Health Assembly.

M. MASPÉTIOL (France) supported the proposal of the delegation of the United States. He recalled that when the Special Committee had extended the time limit for reservations from nine to 12 months, no particular provision had yet been agreed upon regarding territories for whose international relations certain governments were responsible. A special procedure having subsequently been provided (see minutes of the thirty-first meeting of the Special Committee, page 210), there was no longer any reason to extend the period and, as the delegate of the United States had said, delay for a whole year the entry-into-force of the Regulations.

Dr. MACKENZIE (United Kingdom) supported the proposal of the delegation of the United States and the remarks of the delegate of France.

<sup>8</sup> The revised text of the article prepared by the Drafting Sub-Committee read :

1. The period provided in execution of Article 22 of the Constitution of the Organization for rejection or reservation shall be twelve months from the date of the notification by the Director-General of the adoption of these Regulations by the World Health Assembly.

2. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect.

Dr. CLARK (Union of South Africa), while appreciating the need for getting in reservations as quickly as possible, and certainly before the next World Health Assembly, said that in his country at least, the entry-into-force of the Regulations would entail amending national legislation, and that might not be possible within nine months.

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, said that if it were impossible for a State to make, within nine months, reservations other than those on the application of the Regulations to outlying territories, he could see no solution but for the State to reject the Regulations and later to withdraw the rejection.

In reply to a question by Dr. METCALFE, the CHAIRMAN explained that, under the International Sanitary Regulations, Members of WHO would have to contract out, wholly or in part, by means of reservations and not, as in the case of conventions, contract in. The period of nine months in which to make reservations (except in the case of outlying and overseas territories, where 18 months was suggested) had been proposed but had not yet been put to the vote.

Dr. VAN DEN BERG (Netherlands) said it was important to distinguish between the period for making reservations and the entry-into-force of the Regulations. Unless the period for making reservations in Article 100 were changed from 12 months to nine months, the International Sanitary Regulations could not come before the Health Assembly before 1953. On that point he supported the proposal of the delegate of the United States but, with regard to the entry-into-force, he agreed with the delegate of South Africa that sufficient time should be allowed for national legislation to be brought in line with the new Regulations.

Mr. HOSTIE, explained that he had referred exclusively to the period for making reservations or rejections. Obviously, the period for entry-into-force was an entirely different matter.

Mr. STOWMAN read the paragraph from section 3.1.2 of the report of the Juridical Sub-Committee (see page 276) and proposed that it should be added to Article 100.

*Decision:* The proposals of the delegation of the United States were adopted by 30 votes to 2, with 8 abstentions. Accordingly, the period allowed for reservations was reduced from 12 months to nine months and the following paragraph was added to Article 100 [106]:

Such period may, by notification to the Director-General, be extended to eighteen months with respect to overseas or other outlying territories for whose international relations the State may be responsible.

*Point (vii): Article 109 [114]*

The difficulties to which the Drafting Sub-Committee drew attention had been solved by the decision to alter the Certificate of Vaccination or Revaccination against Smallpox (see minutes of this meeting, page 302).

*Point (viii): International Certificate of Vaccination or Revaccination against Cholera—Appendix 2*

The amended wording proposed by the Drafting Sub-Committee was approved.

*Point (ix): Maritime Declaration of Health—Appendix 5*

The CHAIRMAN drew attention to the two conflicting decisions taken by the Special Committee. It had been agreed to substitute for the words "during the voyage" the words "since the last port of call" and at a later date it had been agreed to adopt Appendices 1 to 6 as they appeared in the text returned to the Special Committee by the Drafting Sub-Committee.

The Drafting Sub-Committee had assumed that the existing wording was in keeping with the intentions of the Special Committee.

The Chairman also drew attention to the footnote to the Maritime Declaration of Health, to the effect that if more than four weeks had elapsed since the voyage began it would suffice to give particulars for the previous four weeks (see final text, page 358).

Dr. METCALFE objected to the footnote on the grounds that administrations would wish to know of the presence in a ship of plague-infected rats at any time during the voyage, in spite of the fact that a voyage might last up to three years.

*Decision:* The proposal of the delegate of Australia to delete the footnote to the Maritime Declaration of Health was rejected by 26 votes to 1, with 6 abstentions.

*Point (x): Annex A, Article 10 [A 10]<sup>9</sup>*

The deletion proposed by the Drafting Sub-Committee was approved.

### 3. Consideration of the Revised Draft of the International Sanitary Regulations (continuation)

#### Article 17 (A) [20]

The revised text prepared by the Drafting Sub-Committee for paragraph 3 of the article read :

3. Every sanitary airport situated in a yellow-fever endemic zone—

(a) shall be provided with mosquito-proof dwellings and sick quarters for passengers, crews and airport personnel ;

(b) shall be freed from mosquitos by systematically destroying them in their larval and adult states within the perimeter of the airport, and within a protective area extending for a distance of four hundred metres around that perimeter.

Mr. STOWMAN drew attention to paragraph 3 (a) of Article 17 (A) and proposed the addition of the words "have at its disposal" before "sick quarters".

The CHAIRMAN said that the insertion of the words proposed would alter the meaning of the article, since "mosquito-proof" was intended to apply to sick quarters.

Dr. MACLEAN (New Zealand) suggested that the point was covered by Article 73 [81] but the Chairman pointed out that that article referred to yellow-fever receptive areas.

#### *Decisions :*

(1) Paragraph 3 (a) of the article was approved with the inclusion of the words "have at its disposal mosquito-proof" before "sick quarters".

(2) With the above amendment and that to paragraph 2 agreed upon earlier in the meeting, the article was adopted (see final text, page 339).

#### Article 8 (A) [9]

The revised text prepared by the Drafting Sub-Committee read :

In addition to the notifications and information required under Articles 3 to 8 inclusive, each health administration shall send to the Organization weekly—

(a) a report by telegram of the number of cases of the quarantinable diseases and deaths therefrom during the previous week in each of its towns and cities adjacent to a port or an airport ;

(b) a report by airmail of the absence of such cases.

Dr. DUREN (Belgium) said, with reference to Article 8 (A) that the delegation of Belgium could not accept the ruling that every town which had a port or airport should be obliged in perpetuity to send a weekly airmail letter notifying absence of quarantinable disease. He proposed the addition to paragraph (b) of the words "during the periods referred to in sub-paragraphs (a), (b) and (c) of paragraph 2 of Article 6."

Mr. STOWMAN recalled the explanation given at the discussion in the Special Committee that notification of absence of quarantinable disease was a useful way of checking that a particular place was reporting. The system had been used successfully at the Singapore Epidemiological Intelligence Station for 26 years.

*Decision:* The proposal of the Belgian delegation was adopted by 19 votes to 12, with 1 abstention.

#### Definition of "Foyer" and Article 3 [3]

Dr. METCALFE drew the committee's attention to the definition of "foyer" reading :

"foyer" means the occurrence of two cases of a quarantinable disease derived from an imported case, or one case derived from a non-imported case ; the first case of human yellow fever transmitted by *Aedes aegypti* or any other domiciliary vector of yellow fever shall be considered as a foyer.

Unless the words "or more" were added after "two", no notification would be necessary if there were more than two cases. Moreover, health administrations might be interested to know of the occurrence of one case, and the definition should be amended to cover one case.

Professor FERREIRA suggested the addition of "at least" before "two" : more than two cases would not be a foyer.

<sup>9</sup> Of the text submitted by the Sub-Committee on the Mecca Pilgrimage (see p. 272).

Dr. MACLEAN suggested that the proposal of the delegate of Australia might render the definition of "epidemic" confusing.

Dr. METCALFE referred to paragraph 1 of Article 3 which, as prepared by the Drafting Sub-Committee, read :

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

He suggested that the paragraph should be amended to read :

1. Each health administration shall inform the Organization by telegram within twenty-four hours of its learning that there is a case of quarantinable disease within its area which has developed from an imported case.

Dr. RAJA said that the delegations of Pakistan and Australia appeared to be concerned with the establishment of evidence of indigenous infection so that, if the first case could not be traced to importation, it would be considered as an indigenous case. Would the committee consider the first indigenous case sufficient to constitute a "foyer"?

Dr. MACLEAN opposed the proposal, which would necessitate extensive changes throughout the Regulations.

Dr. DOWLING (Australia) amended his delegation's proposal as follows :

Each health administration shall notify the Organization by telegram within 24 hours on learning of the occurrence of a first case of a quarantinable disease.

*Decision:* The proposal was rejected by 27 votes to 2.

#### **Article 50 [56]**

Dr. HEMMES (Netherlands) referred to the first sentence of paragraph 2 of the article, reading :

2. If there is rodent plague on board a ship it shall be deratted, if necessary in quarantine, in the manner provided for in Article 46, subject to the following provisions :

He proposed substituting for "If there is rodent plague on board a ship it shall be deratted", the phrase "If there is rodent plague on board a ship, or an abnormal number of rodents arriving from a plague-infected area, the ship shall be deratted".

The CHAIRMAN indicated that, under paragraph 2 (c) of Article 49 [55], a ship on arrival was regarded as "suspected" if, when coming from an infected local area, it was found to be heavily infested with rodents.

Dr. HEMMES asked what action would be taken with regard to a ship which was suspected under that paragraph.

Dr. METCALFE thought that Article 46 [52] gave authority for the deratting of any ship, suspected or otherwise.

*Decision:* The proposal of the delegate of the Netherlands with regard to Article 50 was rejected.

*The meeting rose at 11 p.m.*

## Appendix

## Appendix 4

## Annexe 4

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX**  
**CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE**

This is to certify that } ..... date of birth } ..... sex } .....  
 Je soussigné(e) certifie que } ..... né(e) le } ..... sexe } .....

whose signature follows } .....  
 dont la signature suit } .....

has on the date indicated been vaccinated or revaccinated against smallpox.  
 a été vacciné(e) ou revacciné(e) contre la variole à la date indiquée.

Date	Signature and professional status of vaccinator Signature et qualité professionnelle du vaccinateur	Approved stamp Cachet d'authentification		State whether primary vaccination Indiquer s'il s'agit d'une primovaccination
1		1	2	
2				
3		3	4	
4				

This certificate lapses three years after the date of vaccination or most recent revaccination.

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

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

Ce certificat est périmé trois ans après la date de la vaccination ou de la revaccination la plus récente.

Le cachet d'authentification à utiliser doit être du modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou toute omission quant à l'une de ses énonciations peut affecter sa validité.

## FOURTH MEETING

*Monday, 21 May 1951, at 8.15 p.m.**Chairman: Dr. M. T. MORGAN (United Kingdom)***1. Consideration of the Revised Draft of the International Sanitary Regulations (continuation)****Article 49 [55]**

The revised text prepared by the Drafting Subcommittee read :

1. A ship or an aircraft on arrival shall be regarded as infected if—

- (a) it has a case of human plague on board, or
- (b) a plague-infected rodent is found on board.

A ship shall also be regarded as infected if a case of human plague has occurred on board more than six days after embarkation.

2. A ship on arrival shall be regarded as suspected if—

- (a) it has no case of human plague on board, but such a case has occurred on board within the first six days after embarkation ;
- (b) there is evidence of an abnormal mortality among rodents on board of which the cause is not yet known ;
- (c) when coming from an infected local area, it is found to be heavily infested with rodents.

3. Even when coming from an infected local area or having on board a person coming from an infected local area, a ship or an aircraft on arrival shall be regarded as healthy if, on medical examination, the health authority is satisfied that the conditions specified in paragraphs 1 and 2 of this Article do not exist.

The CHAIRMAN recalled that the delegate of the Netherlands, before the adjournment of the previous meeting, had asked what action was to be taken on the arrival of a ship regarded as suspected. Under paragraph 2 (c) of Article 49 there was some doubt as to the action to be taken in the case of a ship arriving from an infected area and found to be heavily infested with rodents. Since Article 51 [58] laid down the procedure to be followed in such

circumstances, he suggested deleting paragraph 2 (c) of Article 49.

*Decision:* The Chairman's proposal was adopted.

**2. Various Proposals and Recommendations concerning the International Sanitary Regulations and their Annexes****Certificate of Vaccination or Revaccination against Smallpox : Appendix 4**

Mr. STOWMAN (United States of America) asked what decision had been reached at the previous meeting with regard to the Certificate of Vaccination or Revaccination against Smallpox. In the sentence suggested by the Chairman—"The validity of the certificate shall extend for a period of three years beginning eight days after the date of a successful primary vaccination or, in the event of a revaccination within the period of three years, on the date of revaccination."—had the words "within the period of three years" been included or not? He would suggest their deletion, otherwise there would be confusion as to when immunity began in the case of revaccination after four or five years.

The CHAIRMAN was under the impression that the words "within the period of three years" had been retained. He agreed that there were practical difficulties : in most cases no international certificate was given for primary vaccination done in infancy, and it was unreasonable to expect all persons to be revaccinated every three years. The intention of the committee had probably been that a certificate should become valid on the date of revaccination within any period.

Dr. RAJA (India) agreed that there were practical difficulties in requiring revaccination every three years ; also immunity might last longer than that period. He therefore supported the proposal of the delegate of the United States to delete the words "within the period of three years".

The CHAIRMAN asked whether it was agreed that a certificate should be valid from the date on which the revaccination was performed.

Dr. JAFAR (Pakistan) said that it was because of the difficulty of judging the degree of immunity prior to revaccination that the certificate annexed to the International Sanitary Convention, 1944, had required the reaction to be noted. The duration of immunity depended upon individual factors and it was taking a risk to lay down that in the case of revaccination any number of years after primary vaccination the certificate was valid from the date of the revaccination.

Dr. SHAKHASHIRI (Lebanon) agreed with Dr. Jafar. He suggested that a certificate of revaccination be considered as valid from the date of the revaccination up to 15 years after the first successful primary vaccination; in other cases the revaccination should be considered as a new primary vaccination.

Dr. RAJA considered the period of 15 years—or any other—purely arbitrary, because of the many factors affecting the duration of immunity. On the other hand, it was difficult to record adequately the result of revaccination. His suggestion that a certificate of revaccination should be valid from the date on which it was given was prompted by the practical difficulties.

Replying to questions by Dr. JAFAR and Dr. METCALFE (Australia), the CHAIRMAN said that the expert group convened to advise the Expert Committee on International Epidemiology and Quarantine had agreed that the Certificate of Vaccination or Revaccination against Smallpox should remain valid for three years, in accordance with previous practice. The opinion had been that there would be no need to record the result of primary vaccination or of revaccination, provided that the person was revaccinated regularly every three years.

Dr. JAFAR asked the Chairman to have read out the relevant part of the expert group's report.

It was agreed to proceed, in the meantime, with the next item.

## Article 75 [83]

Dr. HEMMES (Netherlands) proposed deleting paragraph 1 of the article, which read:

1. A health administration may require any person on an international voyage to possess, on arrival, a certificate of vaccination against

smallpox. Any such person who cannot produce such a certificate may be vaccinated. If he refuses to be vaccinated, he may be placed under surveillance for not more than fourteen days, reckoned from the date of his departure from the last territory visited before arrival.

In his opinion its provisions were not in accordance with the Preamble to the Regulations which stated that the Regulations would "more effectively ensure the maximum security against the international spread of disease with the minimum interference with world traffic". Travellers who had been exposed to hazards of infection might constitute a danger in the spread of quarantinable diseases; but with regard to smallpox, persons arriving from a non-infected area could not be regarded as a danger, so that paragraph 1 of Article 75 was alien to the Regulations. He agreed that it was important that there should be vaccination against smallpox all over the world and that the paragraph tended to encourage such vaccination, but the Regulations should not be used for purposes for which they were not intended.

Mr. STOWMAN said that paragraph 1 of Article 75 had been adopted in its present form after considerable discussion. It was known that vaccination of all travellers would prevent the transmission of smallpox from one country to another. Moreover, the endemic foci of yellow fever and cholera were limited, but smallpox extended to many parts of the world. He, therefore, suggested that the article remain unchanged.

*Decision:* The proposal of the delegate of the Netherlands was rejected by 34 votes to 7.

Dr. HEMMES then proposed to insert in paragraph 1 of Article 75 after the words "international voyage" the words "who is not sufficiently protected by a previous attack of smallpox".

The CHAIRMAN suggested that the amendment might read: "who does not show evidence of protection resulting from a previous attack of smallpox".

Dr. METCALFE thought a time limit should be specified. He suggested 20 years.

Dr. RAJA said that normally an attack of smallpox would be considered as giving protection for life. Second attacks did, however, occur and any time limit would be arbitrary.



*Decision:* Following some further discussion the amendment to paragraph 1 of Article 75 proposed by the delegate of the Netherlands, as amended by the Chairman, was adopted.

## **Article 23 [27]**

The revised text prepared by the Drafting Sub-Committee read :

1. A person under surveillance shall not be isolated and shall be permitted to move about freely. The health authority may require him to report to it, if necessary, at specified intervals during the period of surveillance. Except as limited by the provisions of Article 62, the health authority may also subject a person to medical investigation and make any inquiries which are necessary for ascertaining his state of health.

2. When a person under surveillance departs for another place, within or without the same territory, he shall inform the health authority, which shall immediately notify the health authority for the place to which the person is proceeding. On arrival the person shall report to that health authority which may apply the measure provided for in paragraph 1 of this Article.

Dr. EL-HALAWANI (Egypt) proposed deleting the words " Except as limited by the provisions of Article 62 ", since health authorities should have the power to require stool examinations of persons under surveillance on account of cholera.

Dr. RAJA recalled that the question of stool examination had long engaged the attention of the Expert Committee on International Epidemiology and Quarantine and it had been decided on a number of occasions that the chances of spread of cholera by carriers was so negligible that the measure should not be enforced. Both on epidemiological grounds and because the matter had received adequate attention he hoped the proposal would not be accepted.

Dr. HEMMES drew attention to paragraph 3 (b) of Article 54 [61], under which any non-vaccinated traveller coming from a local area infected with cholera might be isolated. However, stool examination could not be enforced during such isolation if the traveller had no symptoms of the disease. It might be wiser to delete Article 62 [69] since Article 54 had been adopted.

Dr. MACKENZIE (United Kingdom) hoped the controversy on stool examination for the detection of cholera carriers would not be reopened. The

articles as now drafted seemed to him to reflect the general feeling of the committee. He moved the closure of the debate.

Dr. EL-HALAWANI (Egypt) and Dr. MALAN (Italy) opposed the closure. The latter said that, while the measures adopted in respect of other quarantinable diseases, such as plague, had proved effective, those so far employed against cholera had not succeeded in preventing the disease from spreading many times into non-infected countries. The draft Regulations did not appear to attach sufficient importance to vibrio carriers, who played an undeniable part in the epidemiology of cholera. It was true that in the case of most carriers excretion of vibrios rapidly ceased, but there had been instances where such excretion had persisted for several weeks. The delegation of Italy therefore proposed amending Article 62 to enable health authorities of non-infected countries to enforce stool examination of persons coming from infected local areas.

*The motion for closure of the debate was put to the vote and adopted.*

*Decision:* The amendment to Article 23 proposed by the delegate of Egypt was rejected by 19 votes to 18, with 2 abstentions.

## **Article 6 [6]**

The revised text prepared by the Drafting Sub-Committee was identical with the final text (see page 337).

Dr. METCALFE proposed that the period of one month required under paragraph 2 (c) of Article 6 be increased to three months.

Dr. RAJA recalled that the period of one month had been recommended by the Expert Committee on Plague.

*Decision:* The proposal was rejected by 20 votes to 13 with 5 abstentions.

## **Article 85 [91]**

The revised text prepared by the Drafting Sub-Committee read :

On arrival, a ship or an aircraft shall be regarded as healthy, even if it has an infected person on board, but Article 33 may be applied and the accommodation occupied by such a person, together with the clothes he is wearing, his baggage, and any other article likely to spread typhus, may be disinfected and, if necessary, disinfected. The ship or aircraft shall then be given free pratique.

Dr. METCALFE said there was no provision in the article for disinsecting persons who had shared a cabin or otherwise been in contact with an infected person on board a ship or aircraft. He described the recently developed procedure of mass migrations to Australia of persons coming from substandard areas and travelling under crowded conditions, which increased the risk of the spread of typhus. His delegation therefore asked for the inclusion of a provision which would enable the health authorities concerned to apply to contacts whatever measures they considered necessary.

Dr. MACLEAN (New Zealand) thought that such cases could be dealt with under the provisions of Article 82 [90].

Dr. METCALFE said that, if the committee agreed that his point was covered by the provisions of Article 82, he could accept that opinion.

Dr. RAJA said that, if the fear of the spread of the disease were to be completely overcome, provision must be made for disinsecting of the person of a contact as well as of his clothes and baggage.

After further discussion the CHAIRMAN put to the vote a proposal, accepted by Dr. METCALFE and Dr. RAJA, to insert in Article 82 a sentence to indicate that suspects might be disinsected, together with the clothes they were wearing, their baggage, etc.

*Decision:* The amendment was adopted by 35 votes to none with 1 abstention.

#### *Notification of Imported Cases of Quarantinable Diseases*

Dr. METCALFE asked for the inclusion of an article requiring a health authority to notify the Organization of the arrival of an imported case of a quarantinable disease on board a ship or aircraft.

Dr. RAJA recalled that during previous discussions of the committee on the definition of "foyer", it had been agreed that one imported case was not sufficient to constitute infection in a local area. He therefore thought it unnecessary to provide for the notification of imported cases arriving by sea or air.

Dr. MACKENZIE asked if laboratory infections would be included under such a provision: if so, he

agreed with the delegate of India that the provision was not necessary.

Dr. RAJA then called attention to the necessity—should it be decided to require such notification—of ensuring that governments did not take action on such cases under the provisions of the Regulations.

Dr. MACLEAN thought that such notifications, made by telegram, would cause confusion; they might not make it clear whether or not they referred to a single case on board a ship or aircraft. The point could probably be covered by the inclusion of a provision laying on the health administration concerned the onus of notifying the country to which the ship or aircraft was proceeding.

Dr. METCALFE said that the procedure for which he was asking had been carried out in Australia for many years: his country had notified the Epidemiological Intelligence Station at Singapore, which had in turn notified the other countries concerned. He thought it was a wise precaution for countries to be informed before the arrival of a ship or aircraft.

The CHAIRMAN asked the committee to vote on the desirability of including an article requiring health authorities to notify the Organization of imported cases of quarantinable disease by ship or aircraft.

*Decision:* The proposal was rejected by 18 votes to 14 with 3 abstentions.

#### **Article 10 (A) [12]**

The revised text prepared by the Drafting Subcommittee read:

Any telegram sent, or telephone call made, for the purposes of Articles 3 to 8 inclusive and Article 10 shall be given the priority appropriate to the circumstances: in any case of exceptional urgency, where there is risk of the spread of a quarantinable disease, the priority shall be the highest accorded to telegrams and telephone calls under international telecommunication agreements.

Mr. BOUCHER (United Kingdom) said that his delegation had been advised that Article 10 (A) as drafted was in conflict with the International Telecommunication Convention and that States who were parties to that Convention would no doubt

feel bound to make a reservation to the Regulations in respect of its provisions.

Believing that it would be undesirable to have reservations made on a matter of that kind and that difficulties could be avoided by a slight modification, he proposed that the article should state that the priority should be the highest available under international telecommunication agreements.

Mr. CALDERWOOD (United States of America) said that, with the wording now suggested, the highest priority might not be accorded in the future if it were taken as applying to the highest available at the present time. His delegation found no difficulty in accepting the wording of the article as being in accord with present international law, and preferred that the existing text be retained.

Dr. MACLEAN said he had understood, during the discussion in the Special Committee, that an undertaking had been given by the Administrative Council of the International Telecommunication Union that arrangements would be made by the Union to fit in with the wording adopted for the article.

The CHAIRMAN said that the representatives of the ITU had not been able to give an undertaking, but they had agreed to do what they could to obtain the priority desired by WHO.

Dr. BIRAUD, Secretary, said that the Administrative Council of the ITU had agreed to ask the Member States of the Union to grant, immediately if possible, and later in the revision in 1952 of the International Telecommunication Convention of 1947, the highest priority, when necessary, to WHO telegraphic and telephonic communications. It would be unwise for the committee to attempt to force the hand of the Members of the Union.

Dr. DOROLLE, Deputy Director-General, said that the Secretary's remarks were confirmed by conversations he had had with high officials of the ITU secretariat in Paris during the last meeting of the Administrative Committee on Co-ordination. He therefore considered that the present committee should have confidence in the ITU. The amendment proposed by the delegate of the United Kingdom was perfectly satisfactory.

*Decision:* The proposal of the delegate of the United Kingdom was adopted by 39 votes to 1.

## Article 50 [56]

Dr. MALAN referred to paragraph 3 of Article 50, the text of which, as revised by the Drafting Sub-Committee, read :

3. If a rodent which has died of plague is found on board an aircraft, the aircraft shall be deratted, if necessary in quarantine.

He asked if persons on board an aircraft on which a rodent had died of plague could be detained, since they might carry infected fleas. If that were not allowed, paragraph 3 would be ineffective and should be deleted.

*Decision:* The proposal to delete paragraph 3 of Article 50, was rejected by 21 votes to 4 with 8 abstentions.

## Article 103 [109]<sup>10</sup>

Mr. HOSTIE, Chairman, Legal Sub-Committee of the Expert Committee on International Epidemiology and Quarantine, said that the Legal Sub-Committee, at its last meeting, had suggested that the date of entry-into-force of the Regulations should be about 15 months after their adoption by the Health Assembly on the assumption that the following procedure would be adopted : A period of nine months would be allowed for rejection or reservations by governments. The Fifth World Health Assembly would then examine the situation regarding reservations, after which governments would study their position in the light of its decisions. It would be preferable to specify a date for entry-into-force of the Regulations, which might be 1 October 1952 rather than a period such as 15 months. A shorter period, say of six months, should be adopted for fixing the date of entry-into-force of the special provisions, dealing with vaccination certificates, of Article 109 [114].

Dr. METCALFE considered that delegations had had too little time to study the revised draft of the regulations presented by the Special Committee. Moreover a careful study should be made of the possibly important repercussions on other articles of amendments just made in the revised draft. He therefore suggested that the revised draft Regulations should be referred to governments for a critical study of the proposed amendments and that submission to the Health Assembly should be postponed until the Fifth World Health Assembly.

<sup>10</sup> For text of this article, as prepared by the Drafting Sub-Committee, see minutes of the third meeting, p. 302.

*Decisions :*

- (1) The proposal of the delegate of Australia was rejected by 31 votes to 5 with 2 abstentions.
- (2) The proposal to insert " on the first day of October 1952 " in Article 103 was adopted by 29 votes to none with 1 abstention.

**Article 109 [114]**

*Decision:* It was agreed, by 23 votes to 11, to insert " on the first day of December 1951 " in paragraph 2 of Article 109 (see final text, page 353).

**3. Draft Resolutions for submission to Fourth World Health Assembly***Adoption of the International Sanitary Regulations (WHO Regulations No. 2)*

Dr. PHARAON (Saudi Arabia) recalled that his delegation had announced the intention of presenting, in collaboration with other delegations, provisions of a general character to replace Annex A relating to the Mecca Pilgrimage (see minutes of the thirty-sixth meeting of the Special Committee, page 247). After consultation with the Chairman, however, those delegations had agreed to the resolution on the Adoption of the International Sanitary Regulations (see page 316), which recognized the strictly transitory character of Annex A. The delegations concerned had withdrawn their proposal in a desire to facilitate the work of the committee and therefore hoped that the solution proposed by the Chairman would receive unanimous support without further discussion of the subject. The delegation of Saudi Arabia, however, felt obliged to reserve the right to bring its proposal forward again if necessary.

On behalf of the delegations concerned he paid a tribute to the Chairman for the understanding and integrity he had displayed in solving the difficulty with which the committee had been faced.

The Government of Saudi Arabia solemnly declared that it was prepared to support the heavy task imposed on it by the sanitary problems connected with the Pilgrimage. A sum of 1,500,000 dollars had been set aside in the budget for the quarantine station at Jeddah, part of which had already been used for the purchase of equipment. The rest would be used for the building of the premises which had already been started. The Government of Saudi Arabia would welcome the visit, on the occasion of the inauguration, of the experts who had already visited the country in 1947 and of representatives of WHO.

The CHAIRMAN paid a tribute to the spirit of collaboration displayed by the Chief Delegate of Saudi Arabia.

*Decision:* The draft resolution on the adoption of the International Sanitary Regulations was accepted.

*Sanitary Protection in the case of Mass Movements of Populations*

Dr. ARACTINGI (Syria) introduced the draft resolution presented by the delegation of Syria (for text see page 319).

*Decision:* The draft resolution was adopted without comment.

*Explanatory Memorandum on the International Sanitary Regulations*

*Decision:* The draft resolution was adopted without comment (for text see page 316).

*Terms of Reference of Committees to deal with the Application of the International Sanitary Regulations*

The draft resolution read :

Considering the need for continuous adaptation of the International Sanitary Regulations to changes in the distribution and trend of epidemic diseases, in the methods for their control and in the means of international transport ;

Considering that this adaptation requires systematic appraisal of the application of the Regulations and their results ;

Considering the need for an appropriate committee to review annually the application of the Regulations and also consider and settle disputes arising out of this application,

**The Fourth World Health Assembly**

**RESOLVES** as follows :

1. That the following procedure shall be applicable in the case of questions or disputes to which Article 112 (previously 107), paragraph 1, of the International Sanitary Regulations applies :

- (1) the Director-General shall deal with such questions or disputes and settle them as far as may be practicable ;
- (2) where a settlement is not so reached, the Director-General shall refer the question or dispute to the appropriate committee or other organ of the Organization for examination and settlement ;

2. That the Executive Board be requested to entrust to the appropriate committee or committees

the following duties connected with the International Sanitary Regulations :

- (1) a systematic and critical review of the Regulations and other relevant legislation, and the making of recommendations thereon ;
  - (2) the preparation of additional regulations, where necessary, on diseases not covered in the Regulations ;
  - (3) the submission of recommendations as required on practices, methods and procedures in connexion with the subjects included in the Regulations ;
3. That the Director-General, in convening such committee or committees, be requested to take note of the need :
- (1) for making available to them appropriate expert advice on, inter alia, special questions relating to epidemiology, port or airport sanitation, quarantine procedure, international law, shipping or aviation ;
  - (2) for ensuring continuity of action ;
  - (3) for providing them with the technical co-operation and advice of the appropriate WHO expert committees and study-groups.

Mr. STOWMAN, recalling that the draft resolution had been proposed by the delegate of South Africa after considerable debate and the unusual course of rejection of the working party's report, said the United States delegation approved the resolution in general but considered that paragraph 2 of the operative part was somewhat restrictive.

Many difficulties, some legal, some concerning reservations, future obligations or the functioning of the Regulations would arise in 1952 and it was impossible at the present time to foresee what committees would be necessary. The Executive Board should therefore be left a free hand to institute such committees as necessary of the usual WHO type. He suggested the following text which had been approved by the author of the resolution and by other delegates who had taken a prominent part in the discussions :

That the Executive Board be requested to consider and decide what the composition of the appropriate committee or committees should be and assign to them the following duties connected with the International Sanitary Regulations.

Dr. HÖJER (Sweden) seconded the proposal and suggested, as an amendment thereto, that paragraph 3 of the draft resolution should be omitted as unnecessary.

Dr. RAJA, supported by Dr. VAN DEN BERG (Netherlands), while approving the proposal of the delegate of the United States of America, was opposed to the deletion of paragraph 3 since the directives to the Director-General had been agreed upon after discussion.

Mr. STOWMAN, agreeing with the remarks of the delegate of India, said he could not accept the proposal of the delegate of Sweden as an amendment to his delegation's proposal. Paragraph 3 was necessary since expert committees were usually set up to solve a specific problem, whereas in the case of the Regulations continuity of action was desired. Moreover it was desirable to indicate the kind of committee to be convened.

The CHAIRMAN ruled that a separate vote be taken on each of the two proposed amendments.

#### *Decisions :*

- (1) The amendment proposed by the delegate of the United States was adopted by 35 votes to none.
- (2) The amendment proposed by the delegate of Sweden was rejected by 23 votes to 3, with 3 abstentions.
- (3) The draft resolution was approved as amended.

#### *Epidemic Diseases not covered by the International Sanitary Regulations (WHO Regulations No. 2)*

The draft resolution read :

Considering that the International Sanitary Regulations (WHO Regulations No. 2) deal only with measures to be applied to international traffic to prevent the spread of the six quarantinable diseases covered by these Regulations ;

Considering, furthermore, that other communicable and epidemic diseases may, through international traffic, create grave danger to certain territories,

#### *The Fourth World Health Assembly*

REQUESTS the Executive Board

- (1) to examine and report on the present arrangements, and their possible improvement, for the collection and analysis of epidemiological information in respect of all epidemic diseases and not only the six quarantinable diseases mentioned in the Regulations ; and
- (2) to study the ways and means for co-ordinating WHO activities with regard to such epidemic diseases and, for this purpose, the

modification of the terms of reference of the present Expert Committee on International Epidemiology and Quarantine.

The CHAIRMAN suggested, for the sake of clarification, deleting of the words "communicable and" in the second paragraph of the preamble and the addition of "including malaria" after "epidemic diseases" in the same paragraph.

Dr. EL-HALAWANI inquired what action had been taken on the proposal he understood had been made to insert an article in the Regulations to the effect that an aircraft or vessel bound for a receptive area and suspected of conveying vectors of malaria should be disinfected before departure.

The CHAIRMAN replied that the International Sanitary Convention for Aerial Navigation, 1944, contained an article, which still applied, enabling countries, Parties to that Convention, to take measures in the case of aircraft which might be conveying vectors of malaria. The purpose of the draft resolution was to pave the way for further regulations concerning other epidemic diseases, including malaria.

Dr. DUREN (Belgium) proposed that the text of the second paragraph of the preamble should be maintained except for the addition of the words "and including malaria" after "epidemic diseases".

Some discussion took place on the proposal, Professor FERREIRA (Brazil) considering that the text should remain unchanged. While he could agree to a mention of malaria vectors, he was opposed to distinguishing malaria from among other epidemic diseases.

Dr. RAJA considered that the text as drafted covered malaria since it was not only a communicable disease but could appear in epidemic form. He moved that the debate should be closed.

In the absence of objection, the CHAIRMAN declared the debate closed and stated that his suggestion to delete the words "communicable and", not having been formally proposed by a member of the committee, would not be put to the vote.

#### *Decisions:*

- (1) The proposal to add the words "including malaria" in the second paragraph of the preamble of the draft resolution was rejected by 27 votes to 6.
- (2) On the proposal of the delegate of Australia it was agreed to substitute "epidemic diseases

other than the six quarantinable diseases" for "all epidemic diseases and not only the six quarantinable diseases" in paragraph (1) of the operative part of the draft resolution.

- (3) The draft resolution was approved, subject to the above amendment.

#### *Special Measures for the Protection of Isolated Communities*

*Decision:* The draft resolution was approved (for text see page 318).

#### *Additional National Health and Sanitary Measures to prevent the Spread of the Six Quarantinable Diseases*

The draft resolution read:

Believing that the International Sanitary Regulations (WHO Regulations No. 2) represent only part of the action required to remove the international threat of quarantinable diseases;

Believing that parallel action is equally necessary to remove insanitary conditions conducive to the existence of such diseases, especially in and around ports and airports;

Believing that health administrations, by improving sanitary conditions and expanding their health and medical services, especially in and around ports and airports, are thereby securing their own protection against the entry and establishment of quarantinable diseases;

Believing that territories with satisfactory sanitary conditions and efficient health and medical services may reduce quarantine measures against international traffic;

Believing that the freest possible movement of international traffic is highly desirable in the interests of world economic and social, including health, progress,

#### *The Fourth World Health Assembly*

1. RECOMMENDS to all governments that they improve sanitary and environmental conditions, especially in and around ports and airports and, in particular, that they:

- (1) eliminate and prevent the breeding of rodents, *Aedes* mosquitos and ectoparasites;
- (2) eliminate infection of cholera by providing, inter alia, pure water and food supplies and services for the proper disposal of human wastes;

(3) raise the level of protection, by vaccination where appropriate or by other means, against plague, cholera, yellow fever, smallpox and typhus ;

(4) relax, when necessary, and health circumstances are satisfactory, the application to their territories of appropriate articles of WHO Regulations No. 2 ;

2. REQUESTS the regional committee of the Organization to take early and continuous action to persuade Member States in their regions to adopt the recommendations in paragraph 1 above ;

3. REQUESTS the Executive Board, in its preparation of programmes and otherwise, to give effect to the recommendations in paragraph 1 above.

Dr. MACLEAN suggested deletion of the words " *Aëdes* " and " ectoparasites " in paragraph (1).

Dr. DUREN proposed that the recommendation in paragraph (1) should be limited, so far as mosquitos were concerned, to mosquitos which were vectors of human disease.

*Decisions :*

- (1) The proposal of the delegate of New Zealand was adopted by 12 votes to 7 with 2 abstentions.
- (2) The proposal of the delegate of Belgium was adopted by 25 votes to 1 with 12 abstentions.
- (3) The draft resolution was approved, subject to the above amendments.

*Hygiene and Sanitation of Airports*

*Decision:* The draft resolution was approved without comment (for text see page 319).

*Criteria for determining the Limits of Yellow-Fever Endemic Zones*

*Decision:* The draft resolution was approved without comment (for text see page 320).

*Application of WHO Regulations No. 2 to Non-Metropolitan Territories*

The CHAIRMAN said that the draft resolution (for text see appendix 2 of the report of the Juridical Sub-Committee, page 279) was eliminated as a consequence of the decision taken at the third meeting regarding Article 100 (see page 303).

**4. Report of the Working Party on the Kamaran Quarantine Station**

*Decision:* In the absence of comments, the draft resolution proposed by the working party in its report (see page 288) was approved.

**5. Closure of Session**

The CHAIRMAN, in closing the session, thanked the members of the committee for their good will and collaboration.

Mr. STOWMAN supported by Dr. DOWLING (Australia) proposed a vote of thanks to the Chairman for the very able way in which he had conducted the proceedings.

The vote was taken by acclamation.

*The meeting rose at 11.30 p.m.*

**RESOLUTIONS ADOPTED BY THE COMMITTEE ON INTERNATIONAL SANITARY REGULATIONS  
FOR PRESENTATION TO THE FOURTH WORLD HEALTH ASSEMBLY <sup>1</sup>**

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[A3-4/SR/68, A3-4/SR/71, A3-4/SR/74]  
14 and 18 May 1951

**Adoption of the International Sanitary Regulations (WHO Regulations No. 2)**

The Fourth World Health Assembly

1. ADOPTS as WHO Regulations No. 2 the International Sanitary Regulations, together with :  
Appendices 1 to 6, concerning the forms and certificates, and rules applying thereto ;  
Annex A, concerning the sanitary control of pilgrim traffic approaching or leaving the Hedjaz during the season of the Pilgrimage ;  
Annex B, concerning the standards of hygiene on pilgrim ships and on aircraft carrying pilgrims ;

Considering that the provisions of Annex A are of a transitional nature, applicable only until such time as the health administration for Saudi Arabia is fully equipped to deal with all sanitary problems connected with the pilgrimage within its territory,

2. REQUESTS the Executive Board to keep the situation continuously under review in this respect and to recommend to the Health Assembly such modification in the provisions or in the applicability of Annex A as it deems appropriate ; and

Considering further that the provisions of Annex B extend beyond the strict limits of hygiene and that certain of these provisions might be appropriately dealt with by an international organization competent in maritime questions,

3. REQUESTS the Executive Board to consult with the Inter-Governmental Maritime Consultative Organization, when the latter is fully constituted, with a view to sharing the responsibility in this field.

[WHA4.75]

**Explanatory Memorandum on the International Sanitary Regulations (WHO Regulations No. 2)**

The Fourth World Health Assembly,

Considering the need for full and precise understanding of the International Sanitary Regulations (WHO Regulations No. 2) by the health administrations which are eventually to apply them,

INVITES the Director-General to prepare a memorandum giving technical and legal explanations on the various chapters of WHO Regulations No. 2 so as to facilitate their understanding, adoption and application by national health administrations.

[WHA4.76]

**Terms of Reference of Committees to deal with the Application of the International Sanitary Regulations**

Considering the need for continuous adaptation of the International Sanitary Regulations to changes in the distribution and trend of epidemic diseases, in the methods for their control, and in the means of international transport ;

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<sup>1</sup> Each resolution is followed by its final serial number, in square brackets.



Considering that this adaptation requires systematic appraisal of the application of the Regulations and their results ;

Considering the need for an appropriate committee to review annually the application of the Regulations and also consider and settle disputes arising out of this application,

The Fourth World Health Assembly

RESOLVES as follows :

1. That the following procedure shall be applicable in the case of questions or disputes to which Article 112, paragraph 1, of the International Sanitary Regulations (WHO Regulations No. 2) applies :

- (1) the Director-General shall deal with such questions or disputes and settle them as far as may be practicable ;
- (2) where a settlement is not so reached, the Director-General shall refer the question or dispute to the appropriate committee or other organ of the Organization for examination and settlement ;

2. That the Executive Board be requested to consider and decide what the composition of the appropriate committee or committees should be and assign to them the following duties connected with the International Sanitary Regulations :

- (1) the systematic and critical review of the Regulations and other relevant legislation, and the making of recommendations thereon ;
- (2) the preparation of additional regulations, where necessary, on diseases not covered in the Regulations ;
- (3) the submission of recommendations as required on practices, methods and procedures in connexion with the subjects included in the Regulations ;

3. That the Director-General, in convening such committee or committees, be requested to take note of the need :

- (1) for making available to them appropriate expert advice on, inter alia, special questions relating to epidemiology, port or airport sanitation, quarantine procedure, international law, shipping or aviation ;
- (2) for ensuring continuity of action ;
- (3) for providing them with the technical co-operation and advice of the appropriate WHO expert committees and study-groups.

[WHA4.77]

#### **Epidemic Diseases not covered by the International Sanitary Regulations (WHO Regulations No. 2)**

Considering that the International Sanitary Regulations (WHO Regulations No. 2) deal only with measures to be applied to international traffic to prevent the spread of the six quarantinable diseases covered by these Regulations ;

Considering, furthermore, that other communicable and epidemic diseases may, through international traffic, create grave danger to certain territories,

The Fourth World Health Assembly

REQUESTS the Executive Board

- (1) to examine and report on the present arrangements, and their possible improvement, for the collection and analysis of epidemiological information in respect of epidemic diseases other than the six quarantinable diseases mentioned in the Regulations ; and

(2) to study the ways and means for co-ordinating WHO activities with regard to such epidemic diseases and, for this purpose, the modification of the terms of reference of the present Expert Committee on International Epidemiology and Quarantine.

[WHA4.78]

### **Special Measures for the Protection of Isolated Communities**

Whereas measures other than those specified in the International Sanitary Regulations (WHO Regulations No. 2) are needed to protect isolated communities into which the introduction of epidemic diseases other than the six quarantinable diseases may cause considerable morbidity and mortality ;

Whereas such measures should be the object of careful study from the scientific and practical points of view,

The Fourth World Health Assembly

REQUESTS the Executive Board to entrust such study to the appropriate WHO committee, this committee being requested to take into consideration the following suggestions :

- (1) health administrations should be permitted to decide the sanitary measures—other than those specified in these Regulations—to be taken for the protection of isolated communities into which the introduction of epidemic diseases other than the six quarantinable diseases may cause considerable loss of life, owing to the extreme susceptibility of their populations to such diseases ;
- (2) such measures should, however, be taken only in respect of those isolated communities situated in areas or territories which have been notified in advance by the health administration concerned to WHO as being specially at risk and have been approved as such by the Organization ; and
- (3) the Organization should notify all other health administrations of such approval.

[WHA4.79]

### **Additional National Health and Sanitary Measures to prevent the Spread of the Six Quarantinable Diseases**

Believing that the International Sanitary Regulations (WHO Regulations No. 2) represent only part of the action required to remove the international threat of quarantinable diseases ;

Believing that parallel action is equally necessary to remove insanitary conditions conducive to the existence of such diseases, especially in and around ports and airports ;

Believing that health administrations by improving sanitary conditions and expanding their health and medical services, especially in and around ports and airports, are thereby securing their own protection against the entry and establishment of quarantinable diseases ;

Believing that territories with satisfactory sanitary conditions and efficient health and medical services may reduce quarantine measures against international traffic ;

Believing that the freest possible movement of international traffic is highly desirable in the interests of world economic and social, including health, progress,

### The Fourth World Health Assembly

1. RECOMMENDS to all governments that they improve sanitary and environmental conditions, especially in and around ports and airports and, in particular, that they :
  - (1) eliminate and prevent the breeding of rodents, mosquito vectors of human diseases and ecto-parasites ;
  - (2) eliminate infection of cholera by providing, inter alia, pure water and food supplies and services for the proper disposal of human wastes ;
  - (3) raise the level of protection, by vaccination where appropriate or by other means, against plague, cholera, yellow fever, smallpox and typhus ;
  - (4) relax when necessary, and health circumstances are satisfactory, the application to their territories of appropriate articles of WHO Regulations No. 2 ;
2. REQUESTS the regional committees of the Organization to take early and continuous action to persuade Member States in their regions to adopt the recommendations in paragraph 1 above ;
3. REQUESTS the Executive Board, in its preparation of programmes and otherwise, to give effect to the recommendations in paragraph 1 above.

[WHA4.80]

### Sanitary Protection in the case of Mass Movements of Populations

Considering the health risks involved in certain movements of populations, such as the movements of refugees, pilgrims, etc., both for the populations themselves and for those of the countries to which they go and through which they pass,

#### The Fourth World Health Assembly

INVITES the Executive Board to request the competent expert committee :

- (1) to study the regulations which it might be advisable to add to the International Sanitary Regulations (WHO Regulations No. 2) :
  - (a) for the sanitary protection of populations in mass movement under unfavourable sanitary conditions, and
  - (b) to prevent the international diffusion of the quarantinable diseases which such movements may cause ;
- (2) to take fully into account the epidemiological and sanitary conditions prevailing in the various regions in order to adapt the additional regulations to these conditions.

[WHA4.81]

### Hygiene and Sanitation of Airports

Considering that it is essential to protect the health of aircrews at all airports en route ;

Considering that an aircraft cannot with safety take off from any airport unless every member of the flight crew is physically fit ;

Considering that it is necessary therefore to control at airports not only the quarantinable diseases dealt with in the International Sanitary Regulations (WHO Regulations No. 2) but also other diseases such as dysentery, food poisoning, gastro-enteritis and malaria ;

Considering that high standards of hygiene and sanitation should be applied at all international airports and direct transit areas, at least on the main trunk routes,

The Fourth World Health Assembly

REQUESTS the Executive Board, in co-operation with the International Civil Aviation Organization, to set up a joint ICAO/WHO committee on the hygiene of airports, to prepare sanitation standards appropriate for airports and a draft international convention or additional WHO regulations on this subject.

[WHA4.82]

### Criteria for determining the Limits of Yellow-Fever Endemic Zones

Considering that the definition of yellow-fever endemic zones, contained in the International Sanitary Regulations (WHO Regulations No. 2) is based on the presence of *Aedes aegypti* and the persistence of the virus among jungle animals over long periods of time ;

Considering also that, owing to vaccination campaigns and other causes, immunity in man to yellow fever, as detected by the mouse protection-test, is to be found beyond the limits of yellow-fever endemic zones as so defined,

The Fourth World Health Assembly

INVITES the Executive Board and the Director-General to make the necessary arrangements for the study and definition of technical criteria required for the delineation of yellow-fever endemic zones as defined in WHO Regulations No. 2.

[WHA4.83]

### Kamran Quarantine Station

Considering that the Government of the United Kingdom will maintain and operate the Kamran Quarantine Station during the Pilgrimage season of 1951 ;

Considering that the Government of Saudi Arabia undertakes to have available at Jeddah a sanitary station, equipped and able to perform its function regarding the Mecca Pilgrimage for the Pilgrimage season of 1952 and thereafter,

The Fourth World Health Assembly

1. EXPRESSES its appreciation to the Government of the United Kingdom ;
2. NOTES that the Quarantine Station at Kamran during the Pilgrimage season of 1952 and thereafter will be closed and that its functions will pass to the sanitary station to be established at Jeddah ;
3. RESOLVES that no action as envisaged in resolution EB7.R88 (paragraph 3) of 5 February 1951 is therefore required.

[WHA4.84]

## FOURTH WORLD HEALTH ASSEMBLY IN PLENARY SESSION

### ADOPTION OF THE INTERNATIONAL SANITARY REGULATIONS AND PERTINENT RESOLUTIONS

Following is an extract from the verbatim record of the eleventh plenary meeting of the Fourth World Health Assembly, held on Friday, 25 May 1951. The Acting President was Dr. TABA (Iran), a Vice-President of the Health Assembly.

#### 54. Adoption of WHO Regulations No. 2, International Sanitary Regulations, and of the Resolutions presented by the Committee on International Sanitary Regulations

The ACTING PRESIDENT : The first item on today's agenda will be the adoption of the WHO Regulations No. 2, International Sanitary Regulations,<sup>1</sup> and of the resolutions presented by the Committee on International Sanitary Regulations to the Fourth World Health Assembly.<sup>2</sup> You will notice in the report<sup>3</sup>—it is rather lengthy—that much elaborate work has been done on the Regulations. The work was actually begun by the Expert Committee on International Epidemiology and Quarantine which was established more than three years ago, and was continued by the Special Committee which was established by the Third World Health Assembly and began work last month. The work was then carried on by the Committee on International Sanitary Regulations, which was recognized by the Fourth World Health Assembly as a main committee of the Health Assembly. Before we go further into the matter I have a few observations to make on the report.

The adoption by the Health Assembly of international regulations under Article 21 of the Constitution is an act which differs in legal effect from the approval and signature of formal treaties by conferences of plenipotentiaries. WHO Regulations are not negotiated by representatives of the individual contracting parties and signed on their behalf. They are adopted by the collectivity of the Member States of the World Health Organization, meeting together in the Health Assembly. It is the Constitution itself,

by virtue of its Article 22 as implemented by Article 106 of the International Sanitary Regulations, which states the conditions under which the Regulations adopted shall enter into force for the States which are Members of the Organization. Article 22 provides in effect that there will be a period during which States may notify either their rejection of, or reservations to, the Regulations. In the case of the International Sanitary Regulations, this period is nine months from the date of the notification of the adoption of the Regulations to Member States by the Director-General, except in the special case of the overseas or outlying territories of Member States. In this latter case the period may be extended to 18 months. It is therefore evident that, having regard to our Constitution and to the legal nature of the Regulations, reservations cannot be made at the time of the adoption of the Regulations by the Assembly by oral declaration, nor can they—as was the case in the previous International Sanitary Conventions—be set forth in the text of the instrument itself. I would therefore request any delegation which feels that its government may wish to make a reservation with regard to any part or parts of the International Sanitary Regulations to abstain from making any oral statement to that effect at this time, since the rights of such governments are reserved under Article 22 of our Constitution and Article 106 of the Regulations.

I now call on Dr. Morgan, Chairman of the Special Committee to consider Draft International Sanitary Regulations, to say a few words about the work of these committees.

Dr. MORGAN (United Kingdom), Chairman of the Special Committee to consider Draft International Sanitary Regulations : The draft Regulations which

<sup>1</sup> See p. 334

<sup>2</sup> See p. 316

<sup>3</sup> See p. 324

you now have before you for adoption mark, I believe, a considerable step forward compared with the existing International Sanitary Conventions. They allow greater freedom to shipping and to aviation, and no less to the vast concourse of passengers which is to be found at any moment upon the high seas or in the air. But they do not, in my opinion, yet go far enough, and I believe that it will not be long—within five years or ten years at the most—before an Assembly of this kind will be able to recommend to governments the deletion or at least the modification of quite a considerable part of the text of these Regulations. Some of the measures and conditions envisaged in the Regulations are indeed museum pieces which should have been scrapped years ago.

May I give just one example? In the Maritime Declaration of Health in Appendix 5, which captains of ships are required to complete before arriving in port, the following question appears: "Has plague occurred or been suspected among the rats and mice on board during the voyage, or has there been an abnormal mortality among them?" This sort of question was appropriate to the days of the old wooden sailing ships, but is nowadays quite futile. In the Port of London, where an average of 800 ships come in from all parts of the world every week, there has not been a plague-infected rat found for 17 years. Dr. Alivisatos tells me that a plague rat has not been found in a ship in the Piraeus since 1926. And even our friend Dr. Hemmes has reluctantly to accept that there has not been a plague rat in the port of Rotterdam for twenty years. Furthermore, the average rat population in ships is nowadays extremely small and many ships regularly receive the periodical certificate of exemption from fumigation, year after year, because there are no rats, or quite a negligible number, on board at any moment. A few years before the war the United States Public Health Service carried out a statistical review of the number of ships found "ratty" during the year. These amounted to only three per cent of the ships trading with the ports in the United States, and of that three per cent, only ten per cent were heavily infested. A similar review carried out in the United Kingdom ports produced the same figures. Fumigation of ships with cyanide, its accompanying dangers and its expense will soon be replaced by more modern methods of rat-destruction. We have now in our possession highly efficient rat-poisons, in particular sodium fluoro-acetate. This poison is

extremely simple to use, does its work very rapidly and can be employed while the ship is working cargo without any need for removal of the crew ashore or indeed any interference with normal operations. Consequently, I foresee the time in the near future when, thanks to new methods of this kind, to universal rat-proof construction of ships and, further, to the reduction of rodent populations in ports to negligible numbers and their maintenance at that level, the transfer of rodents from country to country by ships will become a thing of the past.

There are a number of other features in the Regulations which are still capable of amelioration—save, of course, to the most intransigent of purists—but this is not the moment to refer to them. I believe that the Expert Committee on International Epidemiology and Quarantine, which has worked out these Regulations over the past three years, and your committee which has now given them their final polish, have done a very good job of work. And I feel sure that this Assembly need have no hesitation in adopting these Regulations and submitting them to their governments for favourable consideration.

It only remains to me, Mr. President, to thank most sincerely all those with whom I have collaborated, particularly the members of the Assembly committee, over which I have had the honour to preside, for their remarkable spirit of collaboration and for their interest, and indeed enthusiasm, in probing every feature and every aspect of this important subject.

I ask you to be good enough to call upon Dr. Raja, the Rapporteur, to present his report on these Regulations.

The ACTING PRESIDENT: Thank you, Dr. Morgan. Could I call on Dr. Raja, the Rapporteur, to give an explanation of his report?

Dr. RAJA (India), Rapporteur of the Special Committee to consider Draft International Sanitary Regulations: Mr. President, in view of what you have said, and of what Dr. Morgan has said, there is very little for me to say except to present the report, which has already been circulated.

The report describes in some detail, first, how the First World Health Assembly appointed a committee to lay down certain principles on which the International Sanitary Conventions that have been in existence should be revised; then, the work of the Expert Committee on International Epidemiology and Quarantine, which took these principles into consideration in drafting the Regulations; the

appointment by the Third World Health Assembly of the Special Committee—consisting of the different Member States—in order to review the report of the expert committee ; and, lastly, the work done by the Committee on International Sanitary Regulations which was created by the Fourth World Health Assembly. All this work has been referred to here.

I would like to point out that these Regulations have some special features. They are briefly described in the report. They have been mainly referred to by you, Mr. President, and to some extent by Dr. Morgan. Therefore, I need not go through them in detail.

I will also submit for consideration by the Health Assembly certain resolutions which were passed by the Committee on International Sanitary Regulations. They are meant for the purpose of ensuring fuller freedom to the Assembly, the Executive Board and the Director-General to make appropriate arrangements now and in the future for the successful implementation of the proposals which the Special Committee has put forward.

Lastly, Mr. President, I would like to invite the attention of the Assembly to the work and the valuable advice of Mr. Hostie, who throughout assisted the Expert Committee on International Epidemiology and Quarantine as well as the Special Committee in regard to various legal aspects, as they came up from time to time. I would also like to place on record the valuable services rendered by the Secretariat, and in particular by those persons whose names are mentioned in the report.

THE ACTING PRESIDENT : Thank you, Dr. Raja. We take note of the report of the Rapporteur and now I call on the delegate of France.

Dr. BOIDÉ (France) (*translation from the French*) : France welcomes with great satisfaction the adoption by the Fourth World Health Assembly of the draft WHO Regulations No. 2. This adoption marks the end of prolonged efforts and of delicate technical and juridical discussions. It is the outcome of the international sanitary conferences which have been held successively during a century and which themselves were the first signs of a desire for co-operation in the field of health.

It is obvious that there could not be absolute unanimity with regard to regulations of this kind. During one of our first plenary meetings, Professor Jacques Parisot warned us that it would be wise

to expect some reservations with regard to their adoption.

But these reservations must not affect the validity and general effectiveness of the Regulations. It is essential that all countries show an equal desire for loyal co-operation and mutual comprehension. This is the primary condition to be fulfilled if the task we have today completed is to be crowned with success.

The World Health Organization receives its prerogatives in this matter from the body which, during more than 40 years, was responsible for the administration and revision of international sanitary conventions—the Office International d'Hygiène Publique—and you will find it natural that the French delegation desires here to pay a tribute to that body.

Our gratitude is due to all those who, from the inception of our Organization, have participated in the drawing up of the Regulations which are submitted to us today : members of the Expert Committee on International Epidemiology and Quarantine, the joint Office International d'Hygiène Publique and World Health Organization working groups, jurists, qualified members of the Secretariat, and delegates to the Special Committee to consider Draft International Sanitary Regulations which met in April. In particular we would thank our friend Dr. Morgan, Chairman of the Committee on International Sanitary Regulations, ex-Chairman of the Standing Committee of the Office International d'Hygiène Publique, who has now acquired a new claim to our admiration.

The French delegation has the honour to propose to the Assembly the adoption of the World Health Organization Regulations No. 2.

THE ACTING PRESIDENT : The proposal for the adoption of the Regulations has been put forward. Any observations ? Are there any objections to adoption of WHO Regulations No. 2 ? In the absence of any objections, we take it that the Regulations are adopted by the Assembly.

Dr. RAJA (India) : The resolutions should also be formally adopted by the Assembly.

THE ACTING PRESIDENT : Is there any objection to the adoption of the resolutions ? I take it that the resolutions are adopted by the Assembly.

## REPORT OF THE RAPPORTEUR

### OF THE SPECIAL COMMITTEE ON DRAFT INTERNATIONAL SANITARY REGULATIONS <sup>1</sup>

[A4/66]

25 May 1951

The Special Committee established by the Third World Health Assembly to consider the Draft International Sanitary Regulations first met on 9 April 1951, and held forty plenary meetings <sup>2</sup> until 21 May 1951.

It elected unanimously as Chairman Dr. M. T. Morgan (United Kingdom) and as Vice-Chairmen Dr. Munir Sadat (Syria), Dr. K. C. K. E. Raja (India), Dr. D. A. Dowling (Australia) and Dr. A. L. Bravo (Chile).

Dr. Raja was also appointed Rapporteur.

The Special Committee appointed a Sub-Committee on Credentials, which elected Dr. C. van den Berg (Netherlands) as Chairman, Professor G. A. Canaperia (Italy) as Vice-Chairman and Dr. R. G. Padua (Philippines) as Rapporteur.

The meetings were attended not only by delegates of Member States, but also by observers from two other States, not then members, the Federal Republic of Germany, and Spain, and by representatives and observers from certain international bodies interested in the problems under discussion, namely the United Nations, the International Civil Aviation Organization, the International Labour Organisation, the International Telecommunication Union, the World Medical Association and the International Air Transport Association.

The Special Committee approved its provisional agenda and set up three sub-committees, a Sub-Committee on the Mecca Pilgrimage, a Juridical Sub-Committee and a Drafting Sub-Committee.

The Sub-Committee on the Mecca Pilgrimage was composed of delegates representing fourteen States interested in the Pilgrimage, namely Chile, Egypt, France, Greece, India, Indonesia, Italy, Netherlands, Pakistan, Philippines, Saudi Arabia, Syria, Thailand, United Kingdom. The Sub-Committee elected as Chairman Dr. Morgan, as Vice-Chairmen Dr. El-Far Bey (Egypt) and Professor Canaperia (Italy), and as Rapporteur Dr. Aractingi (Syria).

During its five meetings it reviewed the articles of

the Regulations relating to the Pilgrimage. They are contained in annexes A and B to the Regulations. The report of the Sub-Committee <sup>3</sup> was considered and approved by the Special Committee on 30 April 1951.

The Juridical Sub-Committee, composed of delegates of Belgium, Chile, Egypt, France, India, Indonesia, Netherlands, Switzerland, United Kingdom and United States of America, elected as Chairman M. Maspétiol (France). During the six meetings that were held, this sub-committee dealt with the final and transitional provisions (Parts IX and X) of the draft Regulations as well as a number of other articles regarding which the Special Committee has asked for legal opinion. The Juridical Sub-Committee's report <sup>4</sup> was considered and adopted by the Special Committee on 2 May 1951.

The Drafting Sub-Committee <sup>5</sup> consisted of members from the delegations of Belgium, Chile, France, Italy, Laos, the United Kingdom and the United States of America. It elected as its Chairman Mr. Calderwood (United States of America) and as Vice-Chairman M. Geeraerts (Belgium). This committee had the onerous and important task of revising, in a manner designed to ensure clarity and coherence, the whole text of the Regulations and their annexes, both in English and in French. It devoted no less than forty long meetings to this task.

After the Special Committee had approved, in plenary session on 4 May, both the English and French texts in substance, the Drafting Sub-Committee and the Secretariat were made responsible for a final review to remove any obscurity that might exist and to ensure harmony and consistency between the different parts of the Regulations.

The Special Committee appointed three working parties to deal with certain difficult or important problems. One of them, under the chairmanship of Dr. Jafar (Pakistan), was charged with drawing up a proper definition of "infected local area".<sup>6</sup> A second, presided over by Dr. Canaperia, was appointed to consider certain proposals put up by the delegations of the United States and France concerning the bodies to be created for dealing with

<sup>1</sup> The Health Assembly took note of this report at its eleventh plenary meeting.

<sup>2</sup> Thirty-six of these were meetings of the Special Committee established by the Third World Health Assembly; the last four were held by the Committee on International Sanitary Regulations established as a committee of the Fourth World Health Assembly.

<sup>3</sup> See p. 270

<sup>4</sup> See p. 276

<sup>5</sup> For report, see p. 286

<sup>6</sup> For report, see p. 285



a continuous review of the working of the Regulations and with the settlement of questions or disputes arising out of their application.<sup>7</sup> A third working party, with Dr. K. C. K. E. Raja as Chairman, concerned itself with the future of the Kamaran Quarantine Station.<sup>8</sup>

It may not be out of place here to draw attention to some of the more important features of the Regulations. The International Sanitary Conventions, which these Regulations will replace, require, in order that their provisions may become operative in any country, that the State concerned shall ratify them. On the other hand the Regulations, when they are adopted by the World Health Assembly will come into force in all Member States unless, under the provisions of Article 22 of the Constitution of the World Health Organization, individual States make rejections or reservations and notify the Director-General accordingly within the stipulated period. Thus Governments have to opt out if they desire to ensure that the provisions of these Regulations do not apply to their territories.

In drawing up the Regulations a dual purpose has been kept in mind, namely, to bring their provisions up-to-date in the light of recent advances in knowledge of epidemiology and in techniques in the application of preventive measures, and to remove, as far as may be practicable, avoidable restrictions on international travel and commerce. The requirements in respect of vaccination certificates have, in these Regulations, been made simpler and less irksome than those under the existing conventions. Another significant feature of the Regulations is that the need for measures to prevent the export of infection from one country to another has been stressed; for instance, persons leaving a yellow-fever infected territory must be vaccinated against that disease prior to departure, and aircraft must be satisfactorily disinfected at the last possible moment before leaving such territory.

A notable advance, to which reference was made earlier, is the machinery that it is proposed to set up for a continuous study of the working of the Regulations and for putting forward recommendations to make their enforcement more effective, as well as for the settlement of questions or disputes that may arise from time to time as the result of the operation of these Regulations.

It has also been recommended to the Health Assembly that, as the whole field of control of international spread of disease is within the responsibility of the World Health Organization, the Regu-

lations now under consideration should be the first among a series of such regulations to be framed by the Organization for acceptance and enforcement by Member States and that appropriate committees should be set up for the drawing up of the proposed new regulations. If these recommendations are accepted, the approach to the control of international spread of disease will be dynamic in character and adapted to the progressive utilization of advances in knowledge, experience and technique which may become available from time to time.

The Special Committee became, by a decision taken by the Fourth World Health Assembly on 7 May, one of the main committees of that Assembly. It therefore submits to the Health Assembly, for examination and adoption, the text of the draft International Sanitary Regulations, which will become, when adopted, WHO Regulations No. 2. These draft Regulations are based on certain principles which were approved by the Second World Health Assembly. Further, the Special Committee desires to stress the fact that the text now presented for consideration by the Health Assembly is the result of careful scrutiny by itself of a draft submitted to it by the Expert Committee on International Epidemiology and Quarantine and its Legal Subcommittee, these bodies having secured technical advice from as many as eight specialized expert committees and study groups. In the preparation of the draft, due consideration was also given to the comments submitted in writing by different Member States. Thus it will be seen that the Regulations, as they have now emerged, are the result of prolonged study by experts in many fields and by the health administrations which are eventually to operate them.

The Regulations provide a body of health measures which have been drawn up on the basis of the largest measure of agreement among the delegations of the different Member States represented on the Special Committee and it is eminently desirable that these Regulations should be accepted and enforced by all concerned in a spirit of understanding and good will. The right that Member States possess under Article 22 of the Constitution of WHO to make reservations or rejections in respect of the provisions of the Regulations should therefore be used with the utmost care and to the least extent possible if their essential features are to be preserved and their smooth working is to be assured. Provision has therefore been incorporated for requiring that the reservation or rejection put forward by a country should be accepted by the Health Assembly. If the Health Assembly does not accept, the Regulations will not apply to the

<sup>7</sup> For report, see p. 281

<sup>8</sup> For report, see p. 288

territory of the Member State concerned unless the reservation or rejection is withdrawn. In the event of failure to do so, previous commitments undertaken by that State through the provisions of the existing International Sanitary Conventions will remain. The procedure that has been suggested will have, it is anticipated, a salutary effect on Member States and on the Health Assembly. Rejection or reservation is not likely to be made by States unless the matter in respect of which such action is taken is of vital importance, and the Assembly may be expected to exercise due care and caution before it decides not to accept such rejection or reservation. In the circumstances it is to be expected that the form and substance of the Regulations will undergo no material change and that their acceptance and application by as many Governments as possible will be facilitated.

The Special Committee also recommends for adoption by the Health Assembly certain resolutions which it has submitted with a view to preventing the international transmission of disease, by the effective application of these Regulations and by other means. The contents of these resolutions were not included in the text of the Regulations, not because they are less important, but merely because it was felt that, by excluding them from the Regulations and by making them the subject of special resolutions by the Health Assembly, fuller freedom would be secured for the Health Assembly, Executive Board and Director-General to make appropriate arrangements, now and in the future, for the success-

ful implementation of the proposals which the Special Committee has put forward.

The Special Committee desires to place on record its deep appreciation of the valuable advice it received on legal matters, throughout its deliberations, from Mr. J. Hostie, Chairman of the Legal Subcommittee of the Expert Committee on International Epidemiology and Quarantine, who also contributed an important memorandum on reservations under the Constitution of WHO. The Secretariat of the Special Committee consisted of the following :

*Secretary*

Dr. Y. Biraud, Director of the Division of Epidemiological Services

*Deputy Secretary*

Dr. G. Stuart, Chief of the Section of Sanitary Conventions and Quarantine  
assisted by :

Dr. L. Murray, Dr. A. Abdel-Aziz, M. G. de Brancion, Section of Sanitary Conventions and Quarantine

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

Dr. Wasfy Omar, Epidemiologist, WHO Regional Office for the Eastern Mediterranean

M. A. Zarb, Chief, Legal Office

Mr. F. Gutteridge, Legal Office.

**PART II**

**THE INTERNATIONAL SANITARY REGULATIONS**



# INTERNATIONAL SANITARY REGULATIONS

## (WHO Regulations No. 2)

### EXPLANATORY MEMORANDUM

*The Director-General was invited by the Fourth World Health Assembly (in resolution WHA4.76) to prepare a memorandum giving technical and legal explanations on the various chapters of the WHO Regulations No. 2, so as to facilitate their understanding, adoption and application by national health-administrations.*

*This memorandum has accordingly been prepared. Although drawn up with great care, it is not in any way an authoritative statement on the interpretation of the Regulations, and it should not be quoted in any discussion that may arise on such interpretation. It would be outside the province of the Director-General to give an opinion on any controversial issue of this kind, all the more so as the Regulations themselves (Article 112) provide for the manner in which any question or dispute concerning the interpretation or application of the Regulations shall be dealt with.*

*It would seem to be premature at this stage to comment in detail on the Regulations. This memorandum has therefore been limited to some brief statements concerning the manner in which they were prepared, their general scope, the spirit in which it is hoped that they may be applied, the technical bases on which they rest and the constitutional framework within which they have been drawn up. Some information of a practical nature concerning the procedure for possible rejection or reservation has been added.*

*Unless the World Health Assembly should decide otherwise, it is the intention of the Director-General to make from time to time additional statements for the purpose of facilitating the understanding and application of the Regulations by national health-administrations, as questions arise in their implementation and are solved in practice or through the procedure outlined in Article 112 mentioned above.*

#### 1. Purpose and Scope of the International Sanitary Regulations

WHO Regulations No. 2 have been drawn up by practising port medical officers, by experts on health control and quarantine practice and by epidemiologists and lawyers of world repute. Expert advice on every facet of the problem was available and was consulted.

After nearly three years of patient and careful consideration these experts and specialists, using all previous international sanitary conventions and agreements as a basis, have prepared these Regulations which, in their opinion, give to each territory observing their provisions the maximum security against international transmission of epidemic disease

with the minimum interference with world traffic. The Regulations were adopted unanimously by the Fourth World Health Assembly on 25 May 1951 and they will enter into force on 1 October 1952.

The Preamble to the Regulations expresses their main purpose. While some of their provisions expressly apply to all epidemic diseases—as for example Articles 28 and 31—the Regulations are intended in the first place as a revision and a consolidation of the provisions on plague, cholera, yellow fever, smallpox and typhus which constitute the main subject-matter of the existing conventions and similar agreements listed in paragraph 1 of Article 105, as well as of part of the Pan American Sanitary Code, Habana, 1924.

The recent occurrence of widespread epidemics of relapsing fever has indicated the need for internationally agreed rules for its control; therefore, to the diseases previously the subjects of international sanitary conventions, relapsing fever, being suitable for control by reasonable yet effective health measures in ports and airports and at international frontiers, has been added.

Many communicable diseases and similar infections do not, in the light of present medical knowledge, lend themselves to effective control by such measures; others for the moment should not be dealt with until the main dangers have been overcome.

Supplementary regulations, however, dealing specifically with measures for preventing the spread of disease of an epidemic nature other than the six quarantinable diseases mentioned above may be added from time to time. Such supplementary regulations are at present envisaged as regards malaria. This epidemic disease is specifically dealt with in paragraph 2 of Article XVII of the International Sanitary Convention for Aerial Navigation, Washington, 1944, and this provision, under paragraph 1 of Article 105 of the Regulations, remains in force pending the coming-into-force of such supplementary regulations.

The Regulations will be of greatest benefit and value if applied with goodwill based on mutual confidence. In order to promote this feeling of confidence to the fullest extent, they require that the appearance of quarantinable disease in a territory shall be reported to the Organization and the continued existence of such a disease shall be the subject of supplementary reports.

The responsibility for sending all such information received to all health administrations to which the Regulations apply has been placed with the Organization.

There will thus be available to all health administrations at all times a complete and accurate world-wide picture of the epidemiological situation of the quarantinable diseases. The importance of these notifications therefore cannot be over-estimated, because on their accuracy and completeness depends the spirit of mutual confidence which inspires goodwill and speeds commerce.

Attention is drawn to Article 2 which, in conformity with Article 33 of the Constitution, makes the health administrations, as defined in Article 1 of the Regulations, the competent organs of their State for sending and receiving notifications and information relevant to the application of the Regulations.

Attention is also drawn to Article 9 which expands

the system of notifications and of the exchange of information.

Article 23 provides that the sanitary measures permitted by the Regulations are the maximum measures, applicable to international traffic, which a State may require for the protection of its territory against the quarantinable diseases. This article applies to all sanitary measures of a permissive nature, not to those which are mandatory, whether the State seeking to protect its territory by such permissive measures resorts to them itself or requires them to be taken by another State.

Article 23 expresses what is already implied in the permissive character of the measures to which it applies. The provisions governed by that article (i.e., the "may" provisions, in contradistinction to the "shall" provisions) may never be exceeded; indeed, when a country has confidence in its national public-health service it should not be necessary, in normal practice, to apply the permissive measures to the full. Exceptional epidemiological circumstances may require the temporary enforcement of certain sections or articles of the Regulations providing for such measures, but the cessation of danger should be followed by immediate withdrawal of the restrictive measures.

A community is more effectively protected against pestilential disease by its own public-health service than by sheltering behind a barrier of quarantine measures.

It should be remembered that every health control procedure, however slight, implies some interference with traffic. All such measures have repercussions on trade and on economic conditions generally, while many reflect adversely on administrative, or even political, relationships. Each health control measure, even though permitted under these Regulations, should, therefore, before being enforced as a general routine, have its use, efficacy, practicability and medical need carefully weighed against the effects it may produce not only between States and nations but on international trade, as well as on the interests and convenience of the individual traveller on whose very presence international passenger traffic depends.

The most rigid quarantine practice does not achieve complete security against the introduction of an epidemic disease. Excessive measures foster evasive methods, give a false sense of security and frequently result in retaliation. International traffic is necessary for the internal economy of any nation and only those measures which interfere to the minimum with that traffic will be found to be consistent with national interests.

Article 28 deals with epidemic diseases other than quarantinable diseases. Supplementary regulations may, as pointed out above, deal specifically with any of these. In the meantime, national legislation may be applied to persons on board a ship or an aircraft infected with any such disease or suspected of being so infected, who wish to disembark or to leave the airport where they are in transit otherwise than in the manner provided in Article 34; but the ship or the aircraft itself which is infected with a non-quarantinable epidemic disease or is suspected of being so infected, may not be prevented from discharging or loading cargo or stores or taking on fuel or water (Article 28). An exception is provided in the case of an emergency constituting a grave danger to public health.

The measures which may be taken against the spread of bubonic plague are based on the fact that it is a disease affecting wild and domestic rodents which is transmitted to man by an insect vector. The essential measures of defence against this disease, therefore, in all circumstances, are the control of the enzootic disease among wild and domestic rodents and the prevention of infestation by the proofing of ships and premises against rats.

Destruction of rat fleas by disinsecting suspects and their baggage, as well as those parts of the accommodation occupied by such suspects, may be carried out if a means of transport is infected or suspected of being infected.

The periodic inspection and the deratting of ships required under existing international sanitary legislation have proved of great value. Provisions for these measures have, therefore, been included in the Regulations.

In its pulmonary form plague is directly and highly infectious, so that special vigilance is required when this form of the disease occurs.

Whatever may be its value as a protective measure, individually or collectively, vaccination against plague, having no place as a quarantine measure in the international control of the disease, has not been included in the Regulations.

The measures which may be taken against the spread of cholera are based on the principles of control of bacterial infections in which the vehicle is food or water or infected stools and vomit.

Present epidemiological evidence does not justify inclusion in the Regulations of control measures based on the concept of the cholera carrier as an important mode of transmission of the disease by international traffic.

Certain foods and beverages, if a health authority has reason to believe they are contaminated with *Vibrio cholerae*, may be dealt with under the Regulations.

Since anticholera vaccine has proved in practice to be of value in prophylaxis, vaccination against cholera shall be taken into consideration in the application to travellers of the measures permitted under the Regulations.

The measures which may be taken to prevent the spread of yellow fever refer, essentially, to its mode of transmission by *Aedes aegypti* and certain other domiciliary vectors of the disease.

To reduce the danger to a minimum, seaports, airports and all places of embarkation, situated in yellow-fever endemic zones, are to be cleared and kept free of *Aedes aegypti* and other domiciliary vectors of the disease.

The measures which may be taken to prevent the entry of infection by persons who may act as reservoirs of the virus, or by infected mosquitos, should of course only be applied on entry to yellow-fever receptive areas as defined in Article 1.

Complete reliance can be placed on vaccination against yellow fever as a method of individual protection, and persons holding valid certificates are exempt from all restrictions on account of yellow fever.

The measures which may be taken against the spread of smallpox are based on the results of epidemiological experience gained over the years in the successful control of this disease. Vaccination against smallpox is of proved value, but although the possession of a certificate of vaccination against smallpox may be required of all travellers by a health administration, this requirement should in normal circumstances be limited to arrivals from smallpox-infected areas, or suspects. There would seem to be no need for its imposition on all arrivals as a routine requirement.

As the disease may be spread by clothes, bedding, and other articles which have been in contact with an infected person, disinfection of baggage, and of such articles, as well as of any part of the means of transport, which are considered to be contaminated after the occurrence of a case of smallpox, must be carried out. This is an instance where a measure on arrival is mandatory.

The measures which may be taken to prevent the spread of typhus are based on its mode of transmission by the louse. Therefore, under all circumstances, the essential prophylactic measure is disinsecting by using one of the modern insecticides,

the value of which, both for the destruction of lice and for the prevention of spread of typhus among humans, has been proved. However, as the disease may be transmitted by the dried dejecta of infected lice, disinfection may be employed as a secondary measure.

Although vaccination against typhus may be of use in individual and collective prophylaxis, its use is not justified as an international quarantine measure because modern insecticides, properly applied, and disinfection where appropriate, afford adequate security.

The mode of transmission of relapsing fever so closely resembles that of typhus fever that the measures provided for are the same, subject to the difference resulting from the different lengths of their incubation periods.

The suppression of all bills of health, of the Personal Declaration of Origin and Health as provided in the International Sanitary Convention for Aerial Navigation, Washington, 1944, as well as of the Aircraft Declaration of Health as a document separate from the Aircraft General Declaration, constitute important steps in the facilitation of international traffic both by sea and air. In this connexion, the importance of Article 101 concerning charges should also be stressed.

## 2. Procedure for Acceptance, Reservations and Rejections

Although a treaty in the sense ascribed to that term by international law, the International Sanitary Regulations provided for in Articles 21 and 22 of the Constitution of the Organization differ greatly from the generally recognized form of international agreement. Since the World Health Assembly, consisting of representatives of all the States Members of the Organization, meets at regular intervals, it was considered that there was no need to convene a special conference to consider international health regulations. Draft regulations, prepared by an appropriate body of the Organization with the co-operation of the Secretariat, and after prior consultation with governments, are laid before the Health Assembly for discussion and adoption. Upon adoption by the Health Assembly they are notified by the Director-General to governments, and after the expiration of a fixed period enter into force for the States Members of the Organization. During this period a State which does not wish to become bound by such regulations has a constitutional right to notify its rejection of them. It may also during that period offer any reservations it deems necessary.

Contrary to the procedure to be followed for the conventional type of treaty, even for the conventions or agreements which the Health Assembly has authority to adopt under Article 19 of the Constitution, no positive act is required by a State desiring to become a party to the regulations, a positive act being required only if it wishes to reject, or offer reservations to, the regulations, subject in the case of the International Sanitary Regulations to the minor exception of non-Member States in Article 110.

The International Sanitary Regulations provide an instance of a flexible means of treaty-making particularly suited to a technical international agreement which has to keep pace with the changing epidemiological situation, the experience gained and the progress of science and technique, and it is hoped that these Regulations will prove a considerable advance in treaty-making procedure.

In the case of the International Sanitary Regulations, under Article 106 the period for rejection or reservation provided for in Article 22 of the Constitution is one of nine months, though such period may be extended to one of 18 months with respect to overseas or other outlying territories for whose international relations a State may be responsible

The adoption of the International Sanitary Regulations was notified by the Director-General to all States by letter dispatched on 11 June 1951. In order to be effective, any rejection of these Regulations and any reservation offered to them by a State Member of the Organization must therefore be received by the Director-General before midnight on 11 March 1952, or with respect to overseas or other outlying territories, before midnight on 11 December 1952. Any rejection or reservation received by the Director-General after these dates shall have no effect. Article 106 would appear to require no further elucidation beyond pointing out that the extension to 18 months with respect to overseas and other outlying territories of the period for rejection or reservation is conditioned by a notification to the Director-General received by him before midnight on 11 March 1952.

Of particular interest at this stage are the detailed provisions in Article 107 relating to reservations. Due to the technical nature of the International Sanitary Regulations and the fact that they replace entirely or in part no less than 13 earlier international sanitary conventions and similar agreements, it was felt that it would be desirable for the World Health Assembly to exercise a degree of control over reservations.



In this manner the difficulties and disadvantages inherent in obtaining the individual acceptance of reservations by the several Member States of the Organization will be avoided and it is considered that, should a State find itself unable to accept all the obligations of the International Sanitary Regulations, the consultative machinery and the opportunities for open discussion available will assist in producing, without undue delays or formalities, a satisfactory solution.

Under Article 107, no reservation offered by a State shall be valid unless it is accepted by the World Health Assembly. The Health Assembly signified its intention not to withhold acceptance of a reservation except on solid grounds. The Health Assembly has, however, the power and indeed the duty to withhold acceptance whenever it is of opinion that a reservation would substantially detract from the character and purpose of the Regulations. Should this occur the Regulations will not enter into force with respect to the reserving State until the reservation has been withdrawn. In other words, a State which did not withdraw a reservation which it had offered and which was not accepted by the Assembly would be in the same position as if it had rejected the Regulations as a whole. Such a State would remain bound by any existing international sanitary conventions and similar agreements listed in Article 105 to which it was a party.

The Health Assembly may accept a reservation conditionally. Paragraph 3 of Article 107 gives an illustration of such an acceptance. Should a State offer a reservation which in the opinion of the Health Assembly detracts from a previous undertaking of that State, the Assembly may make it a condition of its acceptance that the State will undertake to continue to fulfil any obligation or obligations corresponding to the subject-matter of such reservation, which that State has previously accepted under the existing international sanitary conventions and agreements listed in Article 105.

Special provisions are included in Articles 109 and 110 for States which become Members of the Organization after the date of entry-into-force of the Regulations and for States not Members of the Organization which might wish to become parties to the Regulations.

### 3. The Mecca Pilgrimage

Although the provisions contained in the main body of the Regulations apply equally to the Mecca Pilgrimage, it has been considered advisable, in view of the special epidemiological significance of this Pilgrimage, to maintain for the time being additional rules governing its health control.

The provisions in Annex A in some respects exceed the standards applying generally to international traffic or make mandatory what is otherwise permissive, but when certain administrative arrangements and practical provisions have been completed the necessity for special Pilgrimage rules will no longer exist. These will then be rescinded and the Pilgrimage regarded for the purpose of the International Sanitary Regulations as normal international traffic.

The standards of hygiene on pilgrim ships and on aircraft carrying pilgrims prescribed in Annex B lie on the boundary between the competence of WHO and the actual or potential competence of other intergovernmental organizations existing or contemplated, in particular that of the Inter-Governmental Maritime Consultative Organization. It was felt, that, until the last-named organization is actually functioning and able under its Constitution to take the necessary steps for the effective protection of pilgrims travelling by sea, Annex B, which is a revision of a part of the International Sanitary Convention, Paris, 1926, should not be allowed to lapse.

# INTERNATIONAL SANITARY REGULATIONS

(WHO Regulations No. 2)

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# INTERNATIONAL SANITARY REGULATIONS

## (WHO Regulations No. 2)

The Fourth World Health Assembly,

Considering that one of the principal aims of international co-operation in public health is the eradication of disease ; that continued efforts are required to achieve such eradication ; that there is a continuing danger of the spread of disease and that international regulations are still necessary to limit the extension of outbreaks of disease ;

Recognizing the need to revise and consolidate the provisions of the several International Sanitary Conventions and similar arrangements at present in force by replacing and completing these Conventions and arrangements by a series of International Sanitary Regulations which are more fitted to the several means of international transport and which will more effectively ensure the maximum security against the international spread of disease with the minimum interference with world traffic ;

Considering that, by virtue of such replacement, periodical revisions of international measures will be facilitated, taking into account, inter alia, the changing epidemiological situation, the experience gained, and the progress of science and technique ;

Having regard to Articles 2 (k), 21 (a), 22, 23, 33, 62, 63, and 64 of the Constitution of the World Health Organization ;

ADOPTS, this twenty-fifth day of May 1951, the following Regulations which are hereinafter referred to as " these Regulations " :

### PART I — DEFINITIONS

#### Article 1

For the purposes of these Regulations—

"*Aedes aegypti* index" means the ratio, expressed as a percentage, between the number of habitations in a limited well-defined area in which breeding-places of *Aedes aegypti* are found, and the total number of habitations in that area, all of which have been examined, every dwelling of a single family being considered as a habitation ;

"*aircraft*" means an aircraft making an international voyage ;

"*airport*" means an airport designated by the State in whose territory it is situated as an airport of entry or departure for international air traffic ;

"*arrival*" of a ship, an aircraft, a train, or a road vehicle means—

(a) in the case of a seagoing vessel, arrival at 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, as

geographical conditions and agreements among the States concerned, under Article 104 or under the laws and regulations in force in the territory of entry, may determine ;

(d) in the case of a train or road vehicle, arrival at a frontier post ;

"*baggage*" means the personal effects of a traveller or of a member of the crew ;

"*crew*" means the personnel of a ship, an aircraft, a train, or a road vehicle who are employed for duties on board ;

"*day*" means an interval of twenty-four hours ;

"*direct transit area*" means a special area established in connexion with an airport, approved by the health authority concerned and under its direct supervision, for accommodating direct transit traffic and, in particular, for accommodating, in segregation, passengers and crews breaking their air voyage without leaving the airport ;

"*Director-General*" means the Director-General of the Organization ;

"*epidemic*" means an extension or multiplication of a foyer ;

"*first case*" means the first non-imported case of a quarantinable disease in a local area hitherto free from it, or in which it had ceased to occur during the period indicated for each such disease in Article 6 ;

"*foyer*" means the occurrence of two cases of a quarantinable disease derived from an imported case, or one case derived from a non-imported case ; the first case of human yellow fever transmitted by *Aedes aegypti* or any other domiciliary vector of yellow fever shall be considered as a foyer ;

"*health administration*" means the governmental authority responsible over the whole of a territory to which these Regulations apply for the implementation of the sanitary measures provided herein ;

"*health authority*" means the authority immediately responsible for the application in a local area of the appropriate sanitary measures permitted or prescribed by these Regulations ;

"*imported case*" means a case introduced into a territory ;

"*infected local area*" means—

- (a) a local area where there is a foyer of plague, cholera, yellow fever, or smallpox ; or
- (b) a local area where there is an epidemic of typhus or relapsing fever ; or
- (c) a local area where plague infection among rodents exists on land or on craft which are part of the equipment of a port ; or
- (d) a local area or a group of local areas where the existing conditions are those of a yellow-fever endemic zone ;

"*infected person*" means a person who is suffering from a quarantinable disease, or who is believed to be infected with such a disease ;

"*international voyage*" means—

- (a) in the case of a ship or an aircraft, a voyage between ports or airports in the territories of more than one State, or a voyage between ports or airports in the territory or territories of the same State if the ship or aircraft has relations with the territory of any other State on its voyage but only as regards those relations ;
- (b) in the case of a person, a voyage involving entry into the territory of a State other than the territory of the State in which that person commences his voyage ;

"*isolation*", when applied to a person or group of persons, means the separation of that person or group of persons from other persons, except the health staff on duty, in such a manner as to prevent the spread of infection ;

"*local area*" means—

- (a) the smallest area within a territory, which may be a port or an airport, having a defined boundary and possessing a health organization which is able to apply the appropriate sanitary measures permitted or prescribed by these Regulations ; the situation of such an area within a larger area which also possesses such a health organization shall not preclude the smaller area from being a local area for the purposes of these Regulations ; or

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

"*medical examination*" includes visit to and inspection of a ship, an aircraft, a train, or a road vehicle, and the preliminary examination of persons on board, but does not include the periodical inspection of a ship to ascertain the need for deratting ;

"*Organization*" means the World Health Organization ;

"*pilgrim*" means a person making the Pilgrimage, and, in the case of passengers on board a pilgrim ship, includes every person accompanying or travelling with persons making the Pilgrimage ;

"*pilgrim ship*" means a ship which—

- (a) voyages to or from the Hedjaz during the season of the Pilgrimage ; and
- (b) carries pilgrims in a proportion of not less than one pilgrim per 100 tons gross ;

"*Pilgrimage*" means the pilgrimage to the Holy Places in the Hedjaz ;

"*port*" means a seaport or an inland navigation port which is normally frequented by ships ;

"*quarantinable diseases*" means plague, cholera, yellow fever, smallpox, typhus, and relapsing fever ;

"*relapsing fever*" means louse-borne relapsing fever ;

"*sanitary station*" means a port, an airport, or a frontier post at which the sanitary measures provided for in Annex A are applied to pilgrims and which is provided with adequate staff, installations, and equipment for the purpose ;

"*season of the Pilgrimage*", in relation to pilgrim ships, means a period beginning four months before and ending three months after the day of the Haj ;

"*ship*" means a seagoing or an inland navigation vessel making an international voyage ;

“*ship's surgeon*”, in the case of a pilgrim ship, means a medical practitioner employed on a pilgrim ship as required by Article B 7, or, if there are two or more such medical practitioners so employed, the senior of them ;

“*suspect*” means a person who is considered by the health authority as having been exposed to infection by a quarantinable disease and is considered capable of spreading that disease ;

“*typhus*” means louse-borne typhus ;

“*valid certificate*”, when applied to vaccination, means a certificate conforming with the rules and the model laid down in Appendix 2, 3, or 4 ;

“*yellow-fever endemic zone*” means an area in which *Aedes aegypti* or any other domiciliary vector of yellow fever is present but is not obviously responsible for the maintenance of the virus which persists among jungle animals over long periods of time ;

“*yellow-fever receptive area*” means an area in which yellow fever does not exist but where conditions would permit its development if introduced.

## PART II — NOTIFICATIONS AND EPIDEMIOLOGICAL INFORMATION

### Article 2

For the application of these Regulations, each State recognizes the right of the Organization to communicate directly with the health administration of its territory or territories. Any notification or information sent by the Organization to the health administration shall be considered as having been sent to the State, and any notification or information sent by the health administration to the Organization shall be considered as having been sent by the State.

### Article 3

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

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

### Article 4

1. Any notification required under paragraph 1 of Article 3, except in the case of rodent plague, shall be promptly supplemented by information as to the source and type of the disease, the number of cases and deaths, the conditions affecting the spread of the disease, and the prophylactic measures taken.

2. In the case of rodent plague, the notification required under paragraph 1 of Article 3 shall be supplemented by monthly reports on the number of rodents examined and the number found infected.

### Article 5

1. During an epidemic the notifications and information required under Article 3 and paragraph 1 of

Article 4 shall be followed by subsequent communications sent at regular intervals to the Organization.

2. These communications shall be as frequent and as detailed as possible. The number of cases and deaths shall be communicated at least once a week. The precautions taken to prevent the spread of the disease, in particular the measures which are being applied to prevent the spread of the disease to other territories by ships, aircraft, trains, or road vehicles leaving the infected local area, shall be stated. In the case of plague, the measures taken against rodents shall be specified. In the case of the quarantinable diseases which are transmitted by insect vectors, the measures taken against such vectors shall also be specified.

### Article 6

1. The health administration for a territory in which an infected local area, other than a local area which is part of a yellow-fever endemic zone, is situated shall inform the Organization when that local area is free from infection.

2. An infected local area may be considered as free from infection when all measures of prophylaxis have been taken and maintained to prevent the recurrence of the disease or its spread to other areas, and when—

(a) in the case of plague, cholera, smallpox, typhus, or relapsing fever, a period of time equal to twice the incubation period of the disease, as hereinafter provided, has elapsed since the last case identified has died, recovered or been isolated, and infection from that disease has not occurred in any other local area in the vicinity, provided that, in the case of plague with rodent plague also present, the period specified under sub-paragraph (c) of this paragraph has elapsed ;

(b) in the case of yellow fever outside a yellow-fever endemic zone, three months have elapsed after the occurrence of the last human case, or one month after the reduction of the *Aedes aegypti* index to not more than one per cent ;

(c) in the case of rodent plague, one month has elapsed after suppression of the epizootic.

#### Article 7

Each health administration shall notify the Organization immediately of evidence of the presence of the virus of yellow fever in any part of its territory where it has not previously been recognized, and shall report the extent of the area involved.

#### Article 8

1. Each health administration shall notify the Organization of—

(a) any change in its requirements as to vaccination for any international voyage ;

(b) the measures which it has decided to apply to arrivals from an infected local area and the withdrawal of any such measures, indicating the date of application or withdrawal.

2. Any such notification shall be sent by telegram, and whenever possible in advance of any such change or of the application or withdrawal of any such measure.

3. Each health administration shall send to the Organization once a year, at a date to be fixed by the Organization, a recapitulation of its requirements as to vaccination for any international voyage.

#### Article 9

In addition to the notifications and information required under Articles 3 to 8 inclusive, each health administration shall send to the Organization weekly—

(a) a report by telegram of the number of cases of the quarantinable diseases and deaths therefrom during the previous week in each of its towns and cities adjacent to a port or an airport ;

(b) a report by airmail of the absence of such cases during the periods referred to in subparagraphs (a), (b), and (c) of paragraph 2 of Article 6.

#### Article 10

Any notification and information required under Articles 3 to 9 inclusive shall also be sent by the health administration, on request, to any diplomatic mission or consulate established in the territory for which it is responsible.

#### Article 11

The Organization shall send to all health administrations, as soon as possible and by the means appropriate to the circumstances, all epidemiological and other information which it has received under Articles 3 to 8 inclusive and paragraph (a) of Article 9 as well as information as to the absence of any returns required by Article 9. Communications of an urgent nature shall be sent by telegram or telephone.

#### Article 12

Any telegram sent, or telephone call made, for the purposes of Articles 3 to 8 inclusive and Article 11 shall be given the priority appropriate to the circumstances ; in any case of exceptional urgency, where there is risk of the spread of a quarantinable disease, the priority shall be the highest available under international telecommunication agreements.

#### Article 13

1. Each State shall forward annually to the Organization, in accordance with Article 62 of the Constitution of the Organization, information concerning the occurrence of any case of a quarantinable disease due to or carried by international traffic, as well as on the action taken under these Regulations or bearing upon their application.

2. The Organization shall, on the basis of the information required by paragraph 1 of this Article, of the notifications and reports required by these Regulations, and of any other official information, prepare an annual report on the functioning of these Regulations and on their effect on international traffic.

### PART III — SANITARY ORGANIZATION

#### Article 14

1. Each health administration shall as far as practicable ensure that ports and airports in its territory shall have at their disposal an organization and equipment sufficient for the application of the measures provided for in these Regulations.

2. Every port and airport shall be provided with a supply of pure drinking-water.

3. Every airport shall also be provided with an effective system for the removal and safe disposal of excrement, refuse, waste water, condemned food, and other matter dangerous to health.

*Article 15*

There shall be available to as many of the ports in a territory as practicable an organized medical service with adequate staff, equipment, and premises, and in particular facilities for the prompt isolation and care of infected persons, for disinfection, for bacteriological investigation, for the collection and examination of rodents for plague infection, and for any other appropriate measure provided for by these Regulations.

*Article 16*

The health authority for each port shall—

- (a) take all practicable measures to keep rodents in the port installations to a negligible number ;
- (b) make every effort to extend rat-proofing to the port installations.

*Article 17*

1. Each health administration shall ensure that a sufficient number of ports in its territory shall have at their disposal adequate personnel competent to inspect ships for the issue of the Deratting Exemption Certificates referred to in Article 52, and the health administration shall approve such ports for that purpose.
2. The health administration shall designate a number of these approved ports, depending upon the volume and incidence of its international traffic, as having at their disposal the equipment and personnel necessary to derat ships for the issue of the Deratting Certificates referred to in Article 52.

*Article 18*

As soon as it is practicable, and where it is necessary for the accommodation of direct transit traffic, airports shall be provided with direct transit areas.

*Article 19*

1. Each health administration shall designate as sanitary airports a number of the airports in its territory, depending upon the volume of its international traffic.
2. Every sanitary airport shall have at its disposal—
  - (a) an organized medical service with adequate staff, equipment, and premises ;
  - (b) facilities for the transport, isolation, and care of infected persons or suspects ;

(c) facilities for efficient disinfection and disinsecting, for the destruction of rodents, and for any other appropriate measure provided for by these Regulations ;

(d) a bacteriological laboratory, or facilities for dispatching suspected material to such a laboratory ;

(e) facilities for vaccination against cholera, yellow fever, and smallpox.

*Article 20*

1. Every port situated in a yellow-fever endemic zone or a yellow-fever receptive area, and the area within the perimeter of every airport so situated, shall be kept free from *Aedes aegypti* in their larval and adult stages.
2. Any building within a direct transit area provided at any airport situated in a yellow-fever endemic zone or in a yellow-fever receptive area shall be mosquito-proof.
3. Every sanitary airport situated in a yellow-fever endemic zone—
  - (a) shall be provided with mosquito-proof dwellings and have at its disposal mosquito-proof sick quarters for passengers, crews, and airport personnel ;
  - (b) shall be freed from mosquitos by systematically destroying them in their larval and adult stages within the perimeter of the airport, and within a protective area extending for a distance of four hundred metres around that perimeter.
4. For the purposes of this Article, the perimeter of an airport means a line enclosing the area containing the airport buildings and any land or water used or intended to be used for the parking of aircraft.

*Article 21*

1. Each health administration shall send to the Organization—
  - (a) a list of the ports in its territory approved under Article 17 for the issue of—
    - (i) Deratting Exemption Certificates only, and
    - (ii) Deratting Certificates and Deratting Exemption Certificates ;
  - (b) a list of the sanitary airports in its territory ;
  - (c) a list of the airports in its territory provided with direct transit areas.
2. The health administration shall notify the Organization of any change which may occur from time to time in the lists required by paragraph 1 of this Article.

3. The Organization shall send promptly to all health administrations the information received in accordance with this Article.

#### *Article 22*

Wherever the volume of international traffic is sufficiently important and whenever epidemiological

conditions so require, sanitary facilities for the application of the measures provided for in these Regulations shall be provided at frontier posts, on railway lines, on roads and, where sanitary control over inland navigation is carried out at the frontier, on inland waterways.

### **PART IV — SANITARY MEASURES AND PROCEDURE**

#### **Chapter I — General Provisions**

#### *Article 23*

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

#### *Article 24*

Sanitary measures and health formalities shall be initiated forthwith, completed without delay, and applied without discrimination.

#### *Article 25*

1. Disinfection, disinsecting, deratting, and other sanitary operations shall be so carried out as—

- (a) not to cause undue discomfort to any person, or injury to his health ;
- (b) not to produce any deleterious effect on the structure of a ship, an aircraft, or a vehicle, or on its operating equipment ;
- (c) to avoid all risk of fire.

2. In carrying out such operations on goods, baggage, and other articles, every precaution shall be taken to avoid any damage.

#### *Article 26*

1. A health authority shall, when so requested, issue free of charge to the carrier a certificate specifying the measures applied to a ship, or an aircraft, or a railway carriage, wagon, or road vehicle, the parts thereof treated, the methods employed, and the reasons why the measures have been applied. In the case of an aircraft this information shall, on request, be entered instead in the General Declaration.

2. Similarly, a health authority shall, when so requested, issue free of charge—

(a) to any traveller a certificate specifying the date of his arrival or departure and the measures applied to him and his baggage ;

(b) to the consignor, the consignee, and the carrier, or their respective agents, a certificate specifying the measures applied to any goods.

#### *Article 27*

1. A person under surveillance shall not be isolated and shall be permitted to move about freely. The health authority may require him to report to it, if necessary, at specified intervals during the period of surveillance. Except as limited by the provisions of Article 69, the health authority may also subject such a person to medical investigation and make any inquiries which are necessary for ascertaining his state of health.

2. When a person under surveillance departs for another place, within or without the same territory, he shall inform the health authority, which shall immediately notify the health authority for the place to which the person is proceeding. On arrival the person shall report to that health authority which may apply the measure provided for in paragraph 1 of this Article.

#### *Article 28*

Except in case of an emergency constituting a grave danger to public health, a ship or an aircraft, which is not infected or suspected of being infected with a quarantinable disease, shall not on account of any other epidemic disease be prevented by the health authority for a port or an airport from discharging or loading cargo or stores, or taking on fuel or water.

#### *Article 29*

A health authority may take all practicable measures to control the discharge from any ship of sewage and refuse which might contaminate the waters of a port, river, or canal.



## Chapter II — Sanitary Measures on Departure

### Article 30

1. The health authority for a port or an airport or for the local area in which a frontier post is situated may, when it considers it necessary, medically examine any person before his departure on an international voyage. The time and place of this examination shall be arranged to take into account the customs examination and other formalities, so as to facilitate his departure and to avoid delay.

2. The health authority referred to in paragraph 1 of this Article shall take all practicable measures—

- (a) to prevent the departure of any infected person or suspect ;
- (b) to prevent the introduction on board a ship, an aircraft, a train, or a road vehicle of possible agents of infection or vectors of a quarantinable disease.

3. Notwithstanding the provisions of sub-paragraph (a) of paragraph 2 of this Article, a person on an international voyage who on arrival is placed under surveillance may be allowed to continue his voyage. If he is doing so by air, the health authority for the airport shall record the fact on the General Declaration.

## Chapter III — Sanitary Measures Applicable between Ports or Airports of Departure and Arrival

### Article 31

No matter capable of causing any epidemic disease shall be thrown or allowed to fall from an aircraft when it is in flight.

### Article 32

1. No sanitary measure shall be applied by a State to any ship which passes through its territorial waters without calling at a port or on the coast.

2. If for any reason such a call is made, the sanitary laws and regulations in force in the territory may be applied without exceeding, however, the provisions of these Regulations.

### Article 33

1. No sanitary measure, other than medical examination, shall be applied to a healthy ship, as specified in Part V, which passes through a maritime canal or

waterway in the territory of a State on its way to a port in the territory of another State, unless such ship comes from an infected local area or has on board any person coming from an infected local area, within the incubation period of the disease with which the local area is infected.

2. The only measure which may be applied to such a ship coming from such an area or having such a person on board is the stationing on board, if necessary, of a sanitary guard to prevent all unauthorized contact between the ship and the shore, and to supervise the application of Article 29.

3. A health authority shall permit any such ship to take on, under its control, fuel, water, and stores.

4. An infected or suspected ship which passes through a maritime canal or waterway may be treated as if it were calling at a port in the same territory.

### Article 34

Notwithstanding any provision to the contrary in these Regulations except Article 75, no sanitary measure, other than medical examination, shall be applied to—

- (a) passengers and crew on board a healthy ship from which they do not disembark ;
- (b) passengers and crew from a healthy aircraft who are in transit through a territory and who remain in a direct transit area of an airport of that territory, or, if the airport is not yet provided with such an area, who submit to the measures for segregation prescribed by the health authority in order to prevent the spread of disease ; if such persons are obliged to leave the airport at which they disembark solely in order to continue their voyage from another airport in the vicinity of the first airport, no such measure shall be applied to them if the transfer is made under the control of the health authority or authorities.

## Chapter IV — Sanitary Measures on Arrival

### Article 35

Whenever practicable States shall authorize granting of pratique by radio to a ship or an aircraft when, on the basis of information received from it prior to its arrival, the health authority for the intended port or airport of arrival is of the opinion that its arrival will not result in the introduction or spread of a quarantinable disease.

*Article 36*

1. The health authority for a port, an airport, or a frontier station may subject to medical examination on arrival any ship, aircraft, train, or road vehicle, as well as any person, on an international voyage.

2. The further sanitary measures which may be applied to the ship, aircraft, train, or road vehicle shall be determined by the conditions which existed on board during the voyage or which exist at the time of the medical examination, without prejudice, however, to the measures which are permitted by these Regulations to be applied to the ship, aircraft, train, or road vehicle if it arrives from an infected local area.

*Article 37*

The application of the measures provided for in Part V, which depend on arrival from an infected local area, shall be limited to the ship, aircraft, train, road vehicle, person, or article, as the case may be, arriving from such an area, provided that the health authority for the infected local area is taking all measures necessary for checking the spread of the disease and is applying the measures provided for in paragraph 2 of Article 30.

*Article 38*

On arrival of a ship, an aircraft, a train, or a road vehicle, an infected person on board may be removed and isolated. Such removal shall be compulsory if it is required by the person in charge of the means of transport.

*Article 39*

1. Apart from the provisions of Part V, a health authority may place under surveillance any suspect on an international voyage arriving by whatever means from an infected local area. Such surveillance may be continued until the end of the appropriate period of incubation specified in Part V.

2. Except where specifically provided for in these Regulations, isolation shall not be substituted for surveillance unless the health authority considers the risk of transmission of the infection by the suspect to be exceptionally serious.

*Article 40*

Any sanitary measure, other than medical examination, which has been applied at a previous port or airport shall not be repeated at a subsequent port or airport, unless—

(a) after the departure of a ship or an aircraft from the port or airport where the measures were applied, an incident of epidemiological significance calling for a further application of any such measure has occurred either in that port or airport or on board the ship or aircraft ;

or

(b) the health authority for the subsequent port or airport has ascertained on the basis of definite evidence that the individual measure so applied was not substantially effective.

*Article 41*

Subject to Article 79, a ship or an aircraft shall not be prevented for sanitary reasons from calling at any port or airport. If the port or airport is not equipped for applying the sanitary measures which are permitted by these Regulations and which in the opinion of the health authority for the port or airport are required, such ship or aircraft may be ordered to proceed at its own risk to the nearest suitable port or airport convenient to the ship or aircraft.

*Article 42*

An aircraft shall not be considered as having come from an infected local area merely because, on its voyage over infected territory, it has landed at any sanitary airport which is not itself an infected local area.

*Article 43*

Any person on board an aircraft which has flown over an infected local area, but has not landed there or has landed there under the conditions laid down in Article 34, shall not be considered as having come from such an area.

*Article 44*

1. Except as provided in paragraph 2 of this Article, any ship or aircraft, which is unwilling to submit to the measures required by the health authority for the port or airport in accordance with these Regulations, shall be allowed to depart forthwith, but it shall not during its voyage call at any other port or airport in the same territory. Such a ship or an aircraft shall nevertheless be permitted to take on fuel, water, and stores in quarantine. If, on medical examination, such a ship is found to be healthy, it shall not lose the benefit of Article 33.

2. A ship or an aircraft arriving at a port or an airport situated in a yellow-fever receptive area shall not, in the following circumstances, be allowed to

depart and shall be subject to the measures required by the health authority in accordance with these Regulations—

- (a) if the aircraft is infected with yellow fever ;
- (b) if the ship is infected with yellow fever, and *Aedes aegypti* have been found on board, and the medical examination shows that any infected person has not been isolated in good time.

#### Article 45

1. If, for reasons beyond the control of the pilot in command, an aircraft lands elsewhere than at an airport, or at an airport other than the airport at which the aircraft was due to land, the pilot in command or other person in charge shall make every effort to communicate with the nearest health authority or any other public authority.
2. As soon as the health authority has been informed of the landing it may take such action as is appropriate, but in no case shall it exceed the measures permitted by these Regulations.
3. Subject to paragraph 5 of this Article, and except for the purpose of communicating with any such health or public authority or with the permission of any such authority, no person on board the aircraft shall leave its vicinity and no cargo shall be removed from that vicinity.
4. When any measure required by the health authority has been completed, the aircraft may, so far as sanitary 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.
5. The pilot in command or other person in charge may take such emergency measures as may be

necessary for the health and safety of passengers and crew.

### Chapter V — Measures concerning the International Transport of Goods, Baggage, and Mail

#### Article 46

1. Goods shall be submitted to the sanitary measures provided for in these Regulations only when the health authority has reason to believe that they may have become contaminated by the infection of a quarantinable disease or may serve as a vehicle for the spread of any such disease.
2. Apart from the measures provided for in Article 68, goods, other than live animals, in transit without transhipment shall not be subjected to sanitary measures or detained at any port, airport, or frontier.

#### Article 47

Except in the case of an infected person or suspect, baggage may be disinfected or disinfected only in the case of a person carrying infective material or insect vectors of a quarantinable disease.

#### Article 48

1. Mail, newspapers, books, and other printed matter shall not be subject to any sanitary measure.
2. Postal parcels may be subject to sanitary measures only if they contain—
  - (a) any of the foods referred to in paragraph 1 of Article 68 which the health authority has reason to believe comes from a cholera-infected local area ; or
  - (b) linen, wearing apparel, or bedding, which has been used or soiled and to which the provisions of Part V are applicable.

## PART V — SPECIAL PROVISIONS RELATING TO EACH OF THE QUARANTINABLE DISEASES

### Chapter I — Plague

#### Article 49

For the purposes of these Regulations the incubation period of plague is six days.

#### Article 50

Vaccination against plague shall not be required as a condition of admission of any person to a territory.

#### Article 51

1. Each State shall employ all means in its power to diminish the danger from the spread of plague by rodents and their ectoparasites. Its health administration shall keep itself constantly informed by systematic collection and regular examination of rodents and their ectoparasites of the conditions in any local area, especially any port or airport, infected or suspected of being infected by rodent plague.

2. During the stay of a ship or an aircraft in a port or an airport infected by plague, special care shall be taken to prevent the introduction of rodents on board.

#### *Article 52*

1. Every ship shall be either—  
(a) periodically deratted ; or  
(b) permanently kept in such a condition that the number of rodents on board is negligible.

2. A Deratting Certificate or a Deratting Exemption Certificate shall be issued only by the health authority for a port approved for that purpose under Article 17. Every such certificate shall be valid for six months, but this period may be extended by one month for a ship proceeding to such a port if the deratting or inspection, as the case may be, would be facilitated by the operations due to take place there.

3. Deratting Certificates and Deratting Exemption Certificates shall conform with the model specified in Appendix 1.

4. If a valid certificate is not produced, the health authority for a port approved under Article 17, after inquiry and inspection, may proceed in the following manner—

(a) If the port has been designated under paragraph 2 of Article 17, the health authority may derat the ship or cause the deratting to be done under its direction and control. It shall decide in each case the technique which should be employed to secure the extermination of rodents on the ship. Deratting shall be carried out so as to avoid as far as possible damage to the ship and to any cargo and shall not take longer than is absolutely necessary. Wherever possible deratting shall be done when the holds are empty. In the case of a ship in ballast, it shall be done before loading. When deratting has been satisfactorily completed, the health authority shall issue a Deratting Certificate.

(b) At any port approved under Article 17, the health authority may issue a Deratting Exemption Certificate if it is satisfied that the number of rodents on board is negligible. Such a certificate shall be issued only if the inspection of the ship has been carried out when the holds are empty or when they contain only ballast or other material, unattractive to rodents, of such a nature or so disposed as to make a thorough inspection of the holds possible. A Deratting Exemption Certificate may be issued for an oil-tanker with full holds.

5. If the conditions under which a deratting is carried out are such that, in the opinion of the health authority for the port where the operation was

performed, a satisfactory result cannot be obtained, the health authority shall make a note to that effect on the existing Deratting Certificate.

#### *Article 53*

In exceptional circumstances of an epidemiological nature, when the presence of rodents is suspected on board, an aircraft may be deratted.

#### *Article 54*

Before departure on an international voyage from a local area where there is an epidemic of pulmonary plague, every suspect shall be placed in isolation for a period of six days, reckoned from the date of the last exposure to infection.

#### *Article 55*

1. A ship or an aircraft on arrival shall be regarded as infected if—

- (a) it has a case of human plague on board ; or
- (b) a plague-infected rodent is found on board.

A ship shall also be regarded as infected if a case of human plague has occurred on board more than six days after embarkation.

2. A ship on arrival shall be regarded as suspected if—

- (a) it has no case of human plague on board, but such a case has occurred on board within the first six days after embarkation ;
- (b) there is evidence of an abnormal mortality among rodents on board of which the cause is not yet known.

3. Even when coming from an infected local area or having on board a person coming from an infected local area, a ship or an aircraft on arrival shall be regarded as healthy if, on medical examination, the health authority is satisfied that the conditions specified in paragraphs 1 and 2 of this Article do not exist.

#### *Article 56*

1. On arrival of an infected or suspected ship or an infected aircraft, the following measures may be applied by the health authority—

- (a) disinsecting of any suspect and surveillance for a period of not more than six days reckoned from the date of arrival ;
- (b) disinsecting and, if necessary, disinfection of—
  - (i) any baggage of any infected person or suspect, and
  - (ii) any other article such as used bedding or linen, and any part of the ship or aircraft, which is considered to be contaminated.

2. If there is rodent plague on board a ship it shall be deratted, if necessary in quarantine, in the manner provided for in Article 52 subject to the following provisions—

(a) the deratting shall be carried out as soon as the holds have been emptied ;

(b) one or more preliminary derattings of a ship with the cargo *in situ*, or during its unloading, may be carried out to prevent the escape of infected rodents ;

(c) if the complete destruction of rodents cannot be secured because only part of the cargo is due to be unloaded, a ship shall not be prevented from unloading that part, but the health authority may apply any measures, including placing the ship in quarantine, which it considers necessary to prevent the escape of infected rodents.

3. If a rodent which has died of plague is found on board an aircraft, the aircraft shall be deratted, if necessary in quarantine.

#### Article 57

A ship shall cease to be regarded as infected or suspected, or an aircraft shall cease to be regarded as infected, when the measures required by the health authority in accordance with Articles 38 and 56 have been effectively carried out, or when the health authority is satisfied that the abnormal mortality among rodents is not due to plague. The ship or aircraft shall thereupon be given free pratique.

#### Article 58

On arrival, a healthy ship or aircraft shall be given free pratique but, if it has come from an infected local area, the health authority may—

(a) place under surveillance any suspect who disembarks, for a period of not more than six days, reckoned from the date on which the ship or aircraft left the infected local area ;

(b) require the destruction of rodents on board a ship in exceptional cases and for well-founded reasons which shall be communicated in writing to the master.

#### Article 59

If, on arrival of a train or a road vehicle, a case of human plague is discovered, the measures provided for in Article 38 and in paragraph 1 of Article 56 may be applied by the health authority, disinsecting

and, if necessary, disinfection being applied to any part of the train or road vehicle which is considered to be contaminated.

## Chapter II — Cholera

### Article 60

For the purposes of these Regulations the incubation period of cholera is five days.

### Article 61

1. The possession of a valid certificate of vaccination against cholera shall be taken into consideration by a health authority in applying the measures provided for in these Regulations.

2. Any standard for anticholera vaccines in force in the territory where the vaccination is performed shall be accepted by all health administrations.

3. A health authority may apply the following measures to a person on an international voyage who has come from an infected local area within the incubation period—

(a) if he is in possession of a valid certificate of vaccination against cholera, he may be placed under surveillance for a period of not more than five days, reckoned from the date of his departure from the infected local area ;

(b) if he is not in possession of such a certificate, he may be placed in isolation for a like period.

### Article 62

1. A ship shall be regarded as infected if, on arrival, it has a case of cholera on board, or if a case of cholera has occurred on board during a period of five days before arrival.

2. A ship shall be regarded as suspected if a case of cholera has occurred on board during the voyage, but a fresh case has not occurred during a period of five days before arrival.

3. An aircraft shall be regarded as infected if, on arrival, it has a case of cholera on board. It shall be regarded as suspected if a case of cholera has occurred on board during the voyage but the case has previously been disembarked.

4. Even when coming from an infected local area or having on board a person coming from an infected local area, a ship or an aircraft on arrival shall be regarded as healthy if, on medical examination, the health authority is satisfied that no case of cholera has occurred on board during the voyage.

*Article 63*

1. On arrival of an infected ship or aircraft, the following measures may be applied by the health authority—

(a) for a period of not more than five days, reckoned from the date of disembarkation, surveillance of any passenger or member of the crew who produces a valid certificate of vaccination against cholera, and isolation of all others who disembark ;

(b) disinfection of—

(i) any baggage of any infected person or suspect, and

(ii) any other article such as used bedding or linen, and any part of the ship or aircraft, which is considered to be contaminated ;

(c) disinfection and removal of any water carried on board which is considered to be contaminated, and disinfection of the containers.

2. Human dejecta, waste water including bilge-water, waste matter, and any matter which is considered to be contaminated shall not be discharged or unloaded without previous disinfection. Their safe disposal shall be the responsibility of the health authority.

*Article 64*

1. On arrival of a suspected ship or aircraft, the measures provided for in sub-paragraphs (b) and (c) of paragraph 1 and in paragraph 2 of Article 63 may be applied by the health authority.

2. In addition, but without prejudice to the measure provided for in sub-paragraph (b) of paragraph 3 of Article 61, any passenger or member of the crew who disembarks may be placed under surveillance for a period of not more than five days, reckoned from the date of arrival.

*Article 65*

A ship or an aircraft shall cease to be regarded as infected or suspected when the measures required by the health authority in accordance with Article 38 and with Articles 63 and 64 respectively have been effectively carried out. The ship or aircraft shall thereupon be given free pratique.

*Article 66*

On arrival, a healthy ship or aircraft shall be given free pratique but, if it has come from an infected local area, the health authority may apply to any passenger or member of the crew who disembarks the measures provided for in Article 61.

*Article 67*

If, on arrival of a train or a road vehicle, a case of cholera is discovered, the following measures may be applied by the health authority—

(a) without prejudice to the measure provided for in sub-paragraph (b) of paragraph 3 of Article 61, surveillance of any suspect for a period of not more than five days, reckoned from the date of arrival ;

(b) disinfection of—

(i) any baggage of the infected person and, if necessary, that of any suspect, and

(ii) any other article such as used bedding or linen, and any part of the train or road vehicle, which is considered to be contaminated.

*Article 68*

1. On arrival of an infected or suspected ship or aircraft, of a train or a road vehicle on which a case of cholera has been discovered, or of a ship, an aircraft, a train, or a road vehicle coming from an infected local area, the health authority may prohibit the unloading of, or may remove, any fish, shellfish, fruit or vegetables to be consumed uncooked, or beverages, unless such food or beverages are in sealed containers and the health authority has no reason to believe that they are contaminated. If any such food or beverage is removed, arrangements shall be made for its safe disposal.

2. If any such food or beverage forms part of the cargo in a hold of a ship or freight compartment of an aircraft, only the health authority for the port or airport at which such food or beverage is to be unloaded may exercise the power to remove it.

3. The pilot in command of an aircraft has the right to require the removal of any such food or beverage.

*Article 69*

1. No person shall be required to submit to rectal swabbing.

2. Only a person on an international voyage, who has come from an infected local area within the incubation period of cholera and who has symptoms indicative of cholera, may be required to submit to stool examination.

**Chapter III — Yellow Fever***Article 70*

1. Each yellow-fever endemic zone and yellow-fever receptive area shall be delineated by the Organization in consultation with each of the health adminis-

trations concerned, and may be altered similarly from time to time. These delineations shall be notified by the Organization to all health administrations.

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

#### Article 71

For the purposes of these Regulations the incubation period of yellow fever is six days.

#### Article 72

1. Vaccination against yellow fever shall be required of any person leaving an infected local area on an international voyage and proceeding to a yellow-fever receptive area.

2. If such a person is in possession of a certificate of vaccination against yellow fever which is not yet valid, he may nevertheless be permitted to depart, but the provisions of Article 74 may be applied to him on arrival.

3. A person in possession of a valid certificate of vaccination against yellow fever shall not be treated as a suspect, even if he has come from an infected local area.

#### Article 73

1. Every person employed at an airport situated in an infected local area, and every member of the crew of an aircraft using any such airport, shall be in possession of a valid certificate of vaccination against yellow fever.

2. Every aircraft leaving an airport situated in an infected local area and bound for a yellow-fever receptive area shall be disinfected under the control of the health authority as near as possible to the time of its departure but in sufficient time to avoid delaying such departure. The States concerned may accept the disinfecting in flight of the parts of the aircraft which can be so disinfected.

3. Every aircraft leaving a local area where *Aedes aegypti* or any other domiciliary vector of yellow fever exists, which is bound for a yellow-fever receptive area already freed from *Aedes aegypti*, shall be similarly disinfected.

#### Article 74

A health authority in a yellow-fever receptive area may require a person on an international voyage, who has come from an infected local area and is unable to produce a valid certificate of vaccination against yellow fever, to be isolated until his 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.

#### Article 75

1. A person coming from an infected local area, who is unable to produce a valid certificate of vaccination against yellow fever and who is due to proceed on an international voyage to an airport in a yellow-fever receptive area at which the means for securing segregation provided for in Article 34 do not yet exist, may, by arrangement between the health administrations for the territories in which the airports concerned are situated, be prevented from proceeding from an airport at which such means are available.

2. The health administrations concerned shall inform the Organization of any such arrangement, and of its termination. The Organization shall immediately send this information to all health administrations.

#### Article 76

1. On arrival, a ship shall be regarded as infected if it has a case of yellow fever on board, or if a case has occurred on board during the voyage. It shall be regarded as suspected if it has left an infected local area less than six days before arrival, or, if arriving within thirty days of leaving such an area, the health authority finds *Aedes aegypti* on board. Any other ship shall be regarded as healthy.

2. On arrival, an aircraft shall be regarded as infected if it has a case of yellow fever on board. It shall be regarded as suspected if the health authority is not satisfied with a disinfecting carried out in accordance with paragraph 2 of Article 73 and it finds live mosquitos on board the aircraft. Any other aircraft shall be regarded as healthy.

#### Article 77

1. On arrival of an infected or suspected ship or aircraft, the following measures may be applied by the health authority—

(a) in a yellow-fever receptive area, the measures provided for in Article 74 to any passenger or member of the crew who disembarks and is not in possession of a valid certificate of vaccination against yellow fever ;

(b) inspection of the ship or aircraft and destruction of any *Aedes aegypti* on board ; in a yellow-fever receptive area, the ship may, until such measures have been carried out, be required to keep at least four hundred metres from land.

2. The ship or aircraft shall cease to be regarded as infected or suspected when the measures required by the health authority in accordance with Article 38 and with paragraph 1 of this Article have been effectively carried out, and it shall thereupon be given free pratique.

#### Article 78

On arrival of a healthy ship or aircraft coming from an infected local area, the measures provided for in sub-paragraph (b) of paragraph 1 of Article 77 may be applied. The ship or aircraft shall thereupon be given free pratique.

#### Article 79

A State shall not prohibit the landing of an aircraft at any sanitary airport in its territory if the measures provided for in paragraph 2 of Article 73 are applied, but, in a yellow-fever receptive area, aircraft coming from an infected local area may land only at airports specified by the State for that purpose.

#### Article 80

On arrival of a train or a road vehicle in a yellow-fever receptive area, the following measures may be applied by the health authority—

- (a) isolation, as provided for in Article 74, of any person coming from an infected local area, who is unable to produce a valid certificate of vaccination against yellow fever ;
- (b) disinsecting of the train or vehicle if it has come from an infected local area.

#### Article 81

In a yellow-fever receptive area the isolation provided for in Article 38 and in this Chapter shall be in mosquito-proof accommodation.

### Chapter IV — Smallpox

#### Article 82

For the purposes of these Regulations the incubation period of smallpox is fourteen days.

#### Article 83

1. A health administration may require any person on an international voyage who does not

show sufficient evidence of protection by a previous attack of smallpox to possess, on arrival, a certificate of vaccination against smallpox. Any such person who cannot produce such a certificate may be vaccinated ; if he refuses to be vaccinated, he may be placed under surveillance for not more than fourteen days, reckoned from the date of his departure from the last territory visited before arrival.

2. A person on an international voyage, who during a period of fourteen days before his arrival has visited an infected local area and who, in the opinion of the health authority, is not sufficiently protected by vaccination or by a previous attack of smallpox, may be required to be vaccinated, or may be placed under surveillance, or may be vaccinated and then placed under surveillance ; if he refuses to be vaccinated, he may be isolated. The period of surveillance or isolation shall not be more than fourteen days, reckoned from the date of his departure from the infected local area. A valid certificate of vaccination against smallpox shall be considered as evidence of sufficient protection.

#### Article 84

1. A ship or an aircraft shall be regarded as infected if, on arrival, it has a case of smallpox on board, or if such a case has occurred on board during the voyage.

2. Any other ship or aircraft shall be regarded as healthy, even though there may be suspects on board, but any suspect may on disembarking be subjected to the measures provided for in Article 85.

#### Article 85

1. On arrival of an infected ship or aircraft, the health authority—

(a) shall offer vaccination to any person on board who, in its opinion, is not sufficiently protected against smallpox ;

(b) may, for a period of not more than fourteen days, reckoned from the last exposure to infection, isolate or place under surveillance any person disembarking, but the health authority shall take into account the previous vaccinations of the person and the possibility of his having been exposed to infection in determining the period of such isolation or surveillance ;

(c) shall disinfect—

- (i) any baggage of any infected person, and
- (ii) any other baggage or article such as used bedding or linen, and any part of the ship or aircraft, which is considered to be contaminated.



2. A ship or an aircraft shall continue to be regarded as infected until every infected person has been removed and until the measures required by the health authority in accordance with paragraph 1 of this Article have been effectively carried out. The ship or aircraft shall thereupon be given free pratique.

#### *Article 86*

On arrival, a healthy ship or aircraft, even when it has come from an infected local area, shall be given free pratique.

#### *Article 87*

If, on arrival of a train or a road vehicle, a case of smallpox is discovered, the infected person shall be removed and the provisions of paragraph 1 of Article 85 shall apply, any period of surveillance or isolation being reckoned from the date of arrival, and disinfection being applied to any part of the train or road vehicle which is considered to be contaminated.

### **Chapter V — Typhus**

#### *Article 88*

For the purposes of these Regulations the incubation period of typhus is fourteen days.

#### *Article 89*

Vaccination against typhus shall not be required as a condition of admission of any person to a territory.

#### *Article 90*

1. On departure from an infected local area, a person on an international voyage, whom the health authority for that area considers is liable to spread typhus, shall be disinfected. The clothes which such person is wearing, his baggage, and any other article likely to spread typhus, shall be disinfected and, if necessary, disinfected.

2. A person on an international voyage, who has left an infected local area within the previous fourteen days, may, if the health authority for the place of arrival considers it necessary, be disinfected and put under surveillance for a period of not more than fourteen days, reckoned from the date of disinfecting. The clothes which such person is wearing, his baggage, and any other article likely to spread typhus may be disinfected and, if necessary, disinfected.

#### *Article 91*

On arrival, a ship or an aircraft shall be regarded as healthy, even if it has an infected person on board, but Article 38 may be applied, any suspect may be disinfected, and the accommodation occupied by the infected person and by any suspect, together with the clothes they are wearing, their baggage, and any other article likely to spread typhus, may be disinfected and, if necessary, disinfected. The ship or aircraft shall thereupon be given free pratique.

#### *Article 92*

If, on arrival of a train or a road vehicle, a case of typhus is discovered, the measures provided for in Articles 38 and 91 may be applied by the health authority.

### **Chapter VI — Relapsing Fever**

#### *Article 93*

For the purposes of these Regulations the incubation period of relapsing fever is eight days.

#### *Article 94*

Articles 89, 90, 91, and 92 with respect to typhus shall apply to relapsing fever but, if a person is placed under surveillance, the period of such surveillance shall not be more than eight days, reckoned from the date of disinfecting.

## **PART VI — SANITARY DOCUMENTS**

#### *Article 95*

Bills of health, with or without consular visa, or any certificate, however designated, concerning health conditions of a port or an airport, shall not be required from any ship or aircraft.

#### *Article 96*

1. The master of a ship, before arrival at its first port of call in a territory, shall ascertain the state

of health on board, and he shall, on arrival, complete and deliver to the health authority for that port a Maritime Declaration of Health, which shall be countersigned by the ship's surgeon if one is carried.

2. The master, and the ship's surgeon if one is carried, shall supply any further information required by the health authority as to health conditions on board during the voyage.

3. A Maritime Declaration of Health shall conform with the model specified in Appendix 5.

*Article 97*

1. The pilot in command of an aircraft, on landing at an airport, or his authorized agent, shall complete and deliver to the health authority for that airport a copy of that part of the Aircraft General Declaration which contains the health information specified in Appendix 6.
2. The pilot in command of an aircraft, or his authorized agent, shall supply any further information required by the health authority as to health conditions on board during the voyage.

*Article 98*

1. The certificates specified in Appendices 1, 2, 3, and 4 shall be printed in English and in French. An official language of the territory of issue may be added.
2. The certificates referred to in paragraph 1 of this Article shall be completed in English or in French.

*Article 99*

A vaccination 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 Appendix 2, 3, or 4 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 and to the effect that it is issued in accordance with this Article.

*Article 100*

No sanitary document, other than those provided for in these Regulations, shall be required in international traffic.

**PART VII — SANITARY CHARGES***Article 101*

1. No charge shall be made by a health authority for—
  - (a) any medical examination provided for in the Regulations, or any supplementary examination, bacteriological or otherwise, which may be required to ascertain the state of health of the person examined ;
  - (b) any vaccination of a person on arrival and any certificate thereof.
2. Where charges are made for applying the measures provided for in these Regulations, other than the measures referred to in paragraph 1 of this Article, there shall be in each territory only one tariff for such charges and every charge shall—

- (a) conform with this tariff ;
- (b) be moderate and not exceed the actual cost of the service rendered ;
- (c) be levied without distinction as to the nationality, domicile, or residence of the person concerned, or as to the nationality, flag, registry, or ownership of the ship, aircraft, carriage, wagon, or road vehicle. In particular, there shall be no distinction made between national and foreign persons, ships, aircraft, carriages, wagons, or road vehicles.

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

**PART VIII — VARIOUS PROVISIONS***Article 102*

These Regulations, and in addition Annexes A and B, apply to the Pilgrimage.

*Article 103*

1. Migrants or seasonal workers, and any ship, aircraft, train, or road vehicle carrying them, may be subjected to additional sanitary measures conforming with the laws and regulations of each State concerned, and with any agreement concluded between any such States.

2. Each State shall notify the Organization of the provisions of any such laws and regulations or agreement.

*Article 104*

1. Special arrangements may be concluded between two or more States having certain interests in common owing to their health, geographical, social, or economic conditions, in order to make the sanitary measures provided for in these Regulations more

effective and less burdensome, and in particular with regard to—

- (a) the direct and rapid exchange of epidemiological information between neighbouring territories ;
- (b) the sanitary measures to be applied to international coastal traffic and to international traffic on inland waterways, including lakes ;
- (c) the sanitary measures to be applied in contiguous territories at their common frontier ;
- (d) the combination of two or more territories into one territory for the purposes of any of the

sanitary measures to be applied in accordance with these Regulations ;

- (e) arrangements for carrying infected persons by means of transport specially adapted for the purpose.

2. The arrangements referred to in paragraph 1 of this Article shall not be in conflict with the provisions of these Regulations.

3. States shall inform the Organization of any such arrangement which they may conclude. The Organization shall send immediately to all health administrations information concerning any such arrangement.

## PART IX — FINAL PROVISIONS

### *Article 105*

1. Upon their entry-into-force, these Regulations shall, subject to the provisions of Article 107 and the exceptions hereinafter provided, replace, as between the States bound by these Regulations and as between these States and the Organization, the provisions of the following existing International Sanitary Conventions and similar agreements :

- (a) International Sanitary Convention, signed in Paris, 3 December 1903 ;
- (b) Pan American Sanitary Convention, signed in Washington, 14 October 1905 ;
- (c) International Sanitary Convention, signed in Paris, 17 January 1912 ;
- (d) International Sanitary Convention, signed in Paris, 21 June 1926 ;
- (e) International Sanitary Convention for Aerial Navigation, signed at The Hague, 12 April 1933 ;
- (f) International Agreement for dispensing with Bills of Health, signed in Paris, 22 December 1934 ;
- (g) International Agreement for dispensing with Consular Visas on Bills of Health, signed in Paris, 22 December 1934 ;
- (h) Convention modifying the International Sanitary Convention of 21 June 1926, signed in Paris, 31 October 1938 ;
- (i) International Sanitary Convention, 1944, modifying the International Sanitary Convention of 21 June 1926, opened for signature in Washington, 15 December 1944 ;
- (j) International Sanitary Convention for Aerial Navigation, 1944, modifying the International Sanitary Convention of 12 April 1933, opened for

signature in Washington, 15 December 1944, except paragraph 2 of Article XVII ;

- (k) Protocol of 23 April 1946 to prolong the International Sanitary Convention, 1944, signed in Washington ;

(l) Protocol of 23 April 1946 to prolong the International Sanitary Convention for Aerial Navigation, 1944, signed in Washington.

2. The Pan American Sanitary Code, signed at Habana, 14 November 1924, remains 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 106*

1. The period provided in execution of Article 22 of the Constitution of the Organization for rejection or reservation shall be nine months from the date of the notification by the Director-General of the adoption of these Regulations by the World Health Assembly.

2. Such period may, by notification to the Director-General, be extended to eighteen months with respect to overseas or other outlying territories for whose international relations the State may be responsible.

3. Any rejection or reservation received by the Director-General after the expiry of the periods referred to in paragraphs 1 or 2 of this Article shall have no effect.

### *Article 107*

1. If any State makes a reservation to these Regulations, such reservation shall not be valid unless it is accepted by the World Health Assembly, and these Regulations shall not enter into force with respect to

that State until such reservation has been accepted by the Assembly or, if the Assembly objects to it on the ground that it substantially detracts from the character and purpose of these Regulations, until it has been withdrawn.

2. A rejection in part of these Regulations shall be considered as a reservation.

3. The World 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 obligation or obligations corresponding to the subject-matter of such reservation, which such State has previously accepted under the existing conventions and agreements listed in Article 105.

4. If a State makes a reservation which in the opinion of the World Health Assembly detracts to an insubstantial extent from an obligation or obligations previously accepted by that State under the existing conventions or agreements listed in Article 105, the Assembly may accept such reservation without requiring as a condition of its acceptance an undertaking of the kind referred to in paragraph 3 of this Article.

5. If the World Health Assembly objects to a reservation, and that reservation is not then withdrawn, these Regulations shall not enter into force with respect to the State which has made such a reservation. Any existing conventions and agreements listed in Article 105 to which such State is already a party consequently remain in force as far as such State is concerned.

#### *Article 108*

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

#### *Article 109*

1. These Regulations shall come into force on the first day of October 1952.

2. Any State which becomes a Member of the Organization after the first day of October 1952 and which is not already a party hereto may notify its rejection of, or any reservation to, these Regulations within a period of three months from the date on which that State becomes a Member of the Organization. Unless rejected, these Regulations shall come into force with respect to that State, subject to the provisions of Article 107, upon the expiry of that period.

#### *Article 110*

1. Any State not a Member of the Organization, which is a party to any of the conventions or agree-

ments listed in Article 105, or to which the Director-General has notified the adoption of these Regulations by the World Health Assembly, may become party hereto by notifying its acceptance to the Director-General and, subject to the provisions of Article 107, such acceptance shall become effective upon the date of coming-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. For the purpose of the application of these Regulations Articles 23, 33, 62, 63, and 64 of the Constitution of the Organization shall apply to any non-Member State which becomes a party to these Regulations.

3. Any non-Member State 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 of the conventions or agreements listed in Article 105 to which it was previously a party.

#### *Article 111*

The Director-General shall notify all Members and Associate Members, and also other parties to any of the conventions and agreements listed in Article 105, of the adoption by the World Health Assembly of these Regulations. The Director-General shall also notify these States as well as any other State, which has become a party to these Regulations, of any additional Regulations amending or supplementing these Regulations, of any notification received by him under Articles 106, 108, 109, and 110 respectively, as well as of any decision taken by the World Health Assembly under Article 107.

#### *Article 112*

1. Any question or dispute concerning the interpretation or application of these Regulations or of any Regulations supplementary to these Regulations may be referred by any State concerned to the Director-General who shall attempt to settle the question or dispute. If such question or dispute is not thus settled, the Director-General on his own initiative, or at the request of any State concerned, shall refer the question or dispute to the appropriate committee or other organ of the Organization for consideration.

2. Any State concerned shall be entitled to be represented before such committee or other organ.

3. Any such dispute which has not been thus settled may, by written application, be referred by any State concerned to the International Court of Justice for decision.

*Article 113*

1. The English and French texts of these Regulations shall be equally authentic.
2. The original texts of these Regulations shall be

deposited in the archives of the Organization. Certified true copies shall be sent by the Director-General to all Members and Associate Members, and also to other parties to the conventions and agreements listed in Article 105. Upon the entry-into-force of these Regulations, certified true copies shall be delivered by the Director-General to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations.

**PART X — TRANSITIONAL PROVISIONS**

*Article 114*

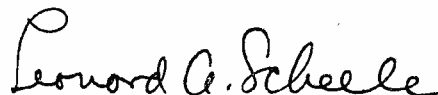
1. Notwithstanding any provision to the contrary of the existing conventions and agreements, certificates of vaccination conforming with the rules and the models laid down in Appendices 2, 3, and 4 shall be accepted as equivalent to the corresponding certificates provided for in the existing conventions or agreements.
2. Notwithstanding the provisions of paragraph 1 of Article 109, the provisions of this Article shall come into force on the first day of December 1951.
3. The application of this Article shall be limited to any State which, within three months from the date of the notification by the Director-General of the adoption of these Regulations by the World Health Assembly, declares that it does not intend to make any reservation to this Article and to the rules and the models laid down in Appendices 2, 3, and 4.
4. A declaration made under paragraph 3 of this

Article may exclude the application of this Article to any one of the Appendices 2, 3, and 4.

*Article 115*

1. A certificate of vaccination issued in accordance with the Convention of 21 June 1926, as amended by the Convention of 15 December 1944, or in accordance with the Convention of 12 April 1933, as amended by the Convention of 15 December 1944, before the entry-into-force of these Regulations shall continue to be valid for the period for which it was previously valid. Moreover, the validity of a certificate of vaccination against yellow fever so issued shall be extended for two years after the date on which it would otherwise have ceased to be valid.
2. A Deratization Certificate or a Deratization Exemption Certificate issued in accordance with Article 28 of the Convention of 21 June 1926, before the entry-into-force of these Regulations, shall continue to be valid for the period for which it was previously valid.

IN FAITH WHEREOF, we have set our hands at Geneva this twenty-fifth day of May 1951.



LEONARD A. SCHEELE

The President of the Fourth World Health Assembly



BROCK CHISHOLM

The Director-General of the World Health Organization

## Annexe 1

## Appendix 1

**DERATTING CERTIFICATE (a) — CERTIFICAT DE DÉRATISATION (a)**  
**DERATTING EXEMPTION CERTIFICATE (a) — CERTIFICAT D'EXEMPTION DE LA DÉRATISATION (a)**

*Issued in accordance with Article 52 of the International Sanitary Regulations — délivré conformément à l'article 52 du Règlement Sanitaire International*  
*(Not to be taken away by Port Authorities.) — (Ce certificat ne doit pas être retiré par les autorités portuaires.)*

**PORT OF .....** — **PORT DE .....**

**Date — Date .....**

**THIS CERTIFICATE records the inspection and { deratting } (a) at this port and on the above date**  
**{ exemption }**

**LE PRÉSENT CERTIFICAT atteste l'inspection et { la dératisation } (a) en ce port et à la date ci-dessus**  
**{ l'exemption }**

of the { ship  
inland navigation vessel } (a)  
du navire

of  
de

{ net tonnage for a sea-going vessel } (a) (f)  
tonnage for an inland navigation vessel }  
{ tonnage net dans le cas d'un navire de haute mer } (a) (f)  
tonnage ..... dans le cas d'un navire de navigation intérieure }

At the time of { inspection } (a) the holds were laden with ..... tons of ..... cargo  
deratting  
Au moment de { l'inspection } (a) les cales étaient chargées de ..... tonnes de ..... cargaison  
la dératisation

COMPARTMENTS (b)	RAT INDICATIONS  TRACES DE RATS  (c)	RAT HARBOURAGE REFUGES A RATS		DERATTING — DÉRATISATION						COMPARTIMENTS (b)
		discovered  trouvés  (d)	treated  supprimés	by fumigation — par fumigation Fumigant — Gaz utilisé ..... Hours exposure — Exposition (heures) ....			by catching, trapping, or poisoning par capture ou poison			
				Space (cubic feet) Espaces (mètres cubes)	Quantity used Quantités employées (e)	Rats found dead Rats trouvés morts	Traps set or poisons put out Pièges ou poisons mis	Rats caught or killed Rats pris ou tués		
Holds 1. — 2. — 3. — 4. — 5. — 6. — 7. Shelter deck space . . . . . Bunker space . . . . . Engineroom and shaft alley . . . . . Forepeak and storeroom . . . . . Afterpeak and storeroom . . . . . Lifeboats . . . . . Charts and wireless rooms . . . . . Galley . . . . . Pantry . . . . . Provision storerooms . . . . . Quarters (crew) . . . . . Quarters (officers) . . . . . Quarters (cabin passengers) . . . . . Quarters (steerage) . . . . . Total . . . . .										Cales 1. — 2. — 3. — 4. — 5. — 6. — 7. Entrepont Soute à charbon Chaufferies, tunnel de l'arbre Peak avant et magasin Peak arrière et magasin Canots de sauvetage Chambre des cartes, T.S.F. Cuisines Cambuses Soute à vivres Postes (équipage) Chambres (officiers) Cabines (passagers) Postes (émigrants) Total

(a) Strike out the unnecessary indications. — Rayer les mentions inutiles.

(b) In case any of the compartments enumerated do not exist on the ship or inland navigation vessel, this fact must be mentioned. — Lorsqu'un des compartiments énumérés n'existe pas sur le navire, on devra le mentionner expressément.

(c) Old or recent evidence of excreta, runs, or gnawing. — Traces anciennes ou récentes d'excréments, de passages ou de rongements.

(d) None, small, moderate, or large. — Néant, peu, passablement ou beaucoup.

(e) State the weight of sulphur or of cyanide salts or quantity of HCN acid used. — Indiquer les poids de soufre ou de cyanure ou la proportion d'acide cyanhydrique.

(f) Specify whether applies to metric displacement or any other method of determining the tonnage. — Spécifier s'il s'agit de déplacement métrique ou, sinon, de quel autre tonnage il s'agit.

**RECOMMENDATIONS MADE. — OBSERVATIONS. —** In the case of exemption, state here the measures taken for maintaining the ship or inland navigation vessel in such a condition that the number of rats on board is negligible. — Dans le cas d'exemption, indiquer ici les mesures prises pour que le navire soit maintenu dans des conditions telles que le nombre de rats à bord soit négligeable.

Seal, name, qualification, and signature of the inspector. — Cachet, nom, qualité et signature de l'inspecteur.

## Annexe 2

## Appendix 2

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA**  
**CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LE CHOLÉRA**

This is to certify that } ..... date of birth } ..... sex } .....  
 Je soussigné(e) certifie que } ..... né(e) le } ..... sexe } .....

whose signature follows } .....  
 dont la signature suit } .....

has on the date indicated been vaccinated or revaccinated against cholera.  
 a été vacciné(e) ou revacciné(e) contre le choléra à la date indiquée.

Date	Signature and professional status of vaccinator Signature et qualité professionnelle du vaccinateur	Approved stamp Cachet d'authentification	
1		1	2
2			
3		3	4
4			
5		5	6
6			
7		7	8
8			

The validity of this certificate shall extend for a period of six months, beginning six days after the first injection of the vaccine or, in the event of a revaccination within such period of six months, on the date of that revaccination.

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

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

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

La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination au cours de cette période de six mois, le jour de cette revaccination.

Nonobstant les dispositions ci-dessus, dans le cas d'un pèlerin, le présent certificat doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

## Annexe 3

## Appendix 3

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER**  
**CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIÈVRE JAUNE**

This is to certify that } ..... date of birth } ..... sex } .....  
 Je soussigné(e) certifie que } ..... né(e) le } ..... sexe } .....

whose signature follows } .....  
 dont la signature suit } .....

has on the date indicated been vaccinated or revaccinated against yellow fever.  
 a été vacciné(e) ou revacciné(e) contre la fièvre jaune à la date indiquée.

Date	Signature and professional status of vaccinator Signature et qualité professionnelle du vaccinateur	Origin and batch no. of vaccine Origine du vaccin employé et numéro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination	
1			1	2
2				
3			3	4
4				

This certificate is valid only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of six years, beginning ten days after the date of vaccination or, in the event of a revaccination within such period of six years, from the date of that revaccination.

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

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre de vaccination a été habilité par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de six ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination au cours de cette période de six ans, le jour de cette revaccination.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.



## Annexe 4

## Appendix 4

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX**  
**CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE**

This is to certify that } ..... date of birth } ..... sex } .....  
 Je soussigné(e) certifie que } ..... né(e) le } ..... sexe } .....  
 whose signature follows } .....  
 dont la signature suit } .....  
 has on the date indicated been vaccinated or revaccinated against smallpox.  
 a été vacciné(e) ou revacciné(e) contre la variole à la date indiquée.

Date	Signature and professional status of vaccinator Signature et qualité professionnelle du vaccinateur	Approved stamp Cachet d'authentification		State whether primary vaccination or revaccination; if primary, whether successful Indiquer s'il s'agit d'une primovaccination ou de revaccination; en cas de primovaccination, préciser s'il y a eu prise
1		1	2	
2				
3		3	4	
4				

The validity of this certificate shall extend for a period of three years, beginning eight days after the date of a successful primary vaccination or, in the event of a revaccination, on the date of that revaccination.

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

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

La validité de ce certificat couvre une période de trois ans commençant huit jours après la date de la primovaccination effectuée avec succès (prise) ou, dans le cas d'une revaccination, le jour de cette revaccination.

Le cachet d'authentification doit être conforme au modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

## Appendix 5

## MARITIME DECLARATION OF HEALTH

(To be rendered by the masters of ships arriving from ports outside the territory)

Port of ..... Date .....

Name of ship ..... From ..... To .....

Nationality ..... Master's name .....

Net Registered Tonnage .....

Deratting or Deratting Exemption { Certificate ..... Dated .....

{ Issued at .....

Number of passengers { Cabin ..... Number of crew .....

{ Deck .....

List of ports of call from commencement of voyage with dates of departure :

.....

.....

## Health Questions

Answer  
Yes or No

1. Has there been on board during the voyage \* any case or suspected case of plague, cholera, yellow fever, smallpox, typhus, or relapsing fever ? Give particulars in the Schedule. ....
2. Has plague occurred or been suspected among the rats or mice on board during the voyage,\* or has there been an abnormal mortality among them ? ....
3. Has any person died on board during the voyage \* otherwise than as a result of accident ? Give particulars in Schedule. ....
4. Is there on board or has there been during the voyage \* any case of disease which you suspect to be of an infectious nature ? Give particulars in Schedule. ....
5. Is there any sick person on board now ? Give particulars in Schedule. ....

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

6. Are you aware of any other condition on board which may lead to infection or the spread of disease ? .....

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

Date .....

\* If more than four weeks have elapsed since the voyage began, it will suffice to give particulars for the last four weeks.

**Appendix 5 (continued)****SCHEDULE TO THE DECLARATION**

Particulars of every case of illness or death occurring on board

Name	Class or rating	Age	Sex	Nationality	Port of embarkation	Date of embarkation	Nature of illness	Date of its onset	Results of illness *	Disposal of case **

\* State whether recovered ; still ill ; died.

\*\* State whether still on board ; landed at (give name of port) ; buried at sea.

**Appendix 6****HEALTH PART OF THE AIRCRAFT GENERAL DECLARATION**

to include information on :

- (a) Illness suspected of being of an infectious nature which has occurred on board during the flight.
- (b) Any other condition on board which may lead to the spread of disease.
- (c) 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.

**Annex A****SANITARY CONTROL OF PILGRIM TRAFFIC APPROACHING OR LEAVING THE HEDJAZ  
DURING THE SEASON OF THE PILGRIMAGE****PART I — MEASURES APPLYING TO ALL PILGRIMS***Article A 1*

1. The health authority for the port or airport of embarkation, or in the case of transport by land the health authority for the place of departure, shall ensure that every pilgrim before departure shall be in possession of valid certificates of vaccination against cholera and smallpox, irrespective of the local area from which he comes or the health conditions in that area ; if he has left a yellow-fever infected local area or a yellow-fever endemic zone within the previous six days, he shall also be in possession of a valid certificate of vaccination against yellow fever.

2. On arrival in the Hedjaz, any pilgrim who is not in possession of the certificates required by paragraph 1 of this Article shall be vaccinated against the disease for which he has no certificate and he shall be given a certificate of such vaccination. If the pilgrim refuses to be so vaccinated, the health authority may place him in isolation until the expiry of the relevant period of incubation, or until arrangements can be made in the meantime for his repatriation. In the case of yellow fever, however, a pilgrim who has not been vaccinated shall be kept in isolation until the end of the period of incubation.

**PART II — PILGRIM SHIPS****Chapter I — Pilgrim Ships Passing  
through the Suez Canal***Article A 2*

Every pilgrim ship passing through the Suez Canal shall proceed in quarantine.

**Chapter II — Pilgrim Ships Going to the Hedjaz***Article A 3*

1. On arrival of a pilgrim ship at Port Said, any pilgrim who is not in possession of the certificates required by paragraph 1 of Article A 1 shall be vaccinated against the disease for which he has no certificate and he shall be given a certificate of such vaccination.

2. If on medical examination of a pilgrim ship at Port Said no case of a quarantinable disease is discovered, the ship shall be allowed to proceed to the Hedjaz, without calling at any intermediate port, as soon as the provisions of paragraph 1 of this Article have been complied with.

*Article A 4*

Every pilgrim ship going to the Hedjaz otherwise than through the Suez Canal shall proceed to the quarantine station designated by the health authority at Jeddah and shall not disembark pilgrims and their luggage until free pratique has been given.

**Chapter III — Pilgrim Ships Returning  
from the Hedjaz***Article A 5*

Any pilgrim returning from the Hedjaz who wishes to disembark in Egypt shall travel only in a pilgrim ship which stops either at the sanitary station at El Tor, or at some other sanitary station appointed by the health administration for Egypt.

*Article A 6*

The health administration for Saudi Arabia shall notify every diplomatic mission in its territory immediately there occurs in the Hedjaz during a period beginning two months before the day of the Haj and ending two months after that day a foyer of plague, cholera, yellow fever, or smallpox, or an epidemic of typhus or relapsing fever.

*Article A 7*

1. If there has not occurred in the Hedjaz during the period referred to in Article A 6 a foyer of plague, cholera, yellow fever, or smallpox, or an epidemic of typhus or relapsing fever, any pilgrim ship returning northwards may go from the Hedjaz, without calling at any intermediate port, to Suez, where the pilgrims shall be medically examined.

2. If there has not been a case of a quarantinable disease on board during the voyage, and five days have elapsed, reckoned from the date on which the pilgrim ship left the Hedjaz, the health authority at Suez shall allow it to enter the Suez Canal, even at night. The health authority may allow any such pilgrim ship to enter the Suez Canal less than five days after it left the Hedjaz if the first two pilgrim ships returning from the Hedjaz via El Tor, as well as the aircraft carrying pilgrims who have landed there before the arrival of the second ship, have been found to be free from infection.

3. If there has been a case of plague, cholera, yellow fever, or smallpox on board during the voyage, the pilgrim ship shall go directly to the sanitary station at El Tor.

4. If there has been a case of typhus or relapsing fever on board during the voyage, the pilgrims shall be disembarked at Suez, the pilgrim ship shall be put in quarantine, and the appropriate measures of disinsecting and disinfection shall be taken before it is allowed to continue its voyage.

#### *Article A 8*

If there has occurred in the Hedjaz during the period referred to in Article A 6 a foyer of plague, cholera, yellow fever, or smallpox, or an epidemic of typhus or relapsing fever, every pilgrim ship intending to pass through the Suez Canal shall go directly to the sanitary station at El Tor.

#### *Article A 9*

1. On arrival at El Tor of any pilgrim ship to which paragraph 3 of Article A 7, or Article A 8, applies,

the health authority for the sanitary station shall apply the following measures—

(a) if there is a case of plague, cholera, yellow fever, or smallpox on board, every pilgrim shall be disembarked and the suspects submitted to such of the sanitary measures provided for in these Regulations as the health authority considers appropriate; the pilgrims shall be isolated for a period, reckoned from the date when the last case occurred, of not more than five days for cholera, six days for plague or yellow fever, or fourteen days for smallpox;

(b) if there is a case of typhus or relapsing fever on board, every suspect shall be disembarked and he and his baggage shall be disinfected or disinsected;

(c) the appropriate measures for deratting, disinsecting, or disinfection of the pilgrim ship shall be taken if necessary.

2. When the measures provided for in this Article have been applied, any pilgrim who is not an infected person shall be allowed to re-embark and the ship allowed to continue its voyage.

#### *Article A 10*

Every pilgrim ship returning from the Hedjaz and going to a territory on the African coast of the Red Sea shall, without calling at any intermediate port, proceed to such sanitary station as may be appointed by the health administration for that territory.

### **PART III — TRANSPORT BY AIR**

#### *Article A 11*

1. Any aircraft conveying pilgrims returning from the Hedjaz and wishing to land pilgrims in Egypt shall first call either at the sanitary station at El Tor,

or at some other sanitary station appointed by the health administration for Egypt.

2. No sanitary measures other than those provided for in these Regulations shall apply to other aircraft returning from the Hedjaz.

### **PART IV — TRANSPORT BY LAND**

#### *Article A 12*

Every pilgrim who wishes to enter Saudi Arabian territory by land shall do so only at a sanitary station appointed by the health administration for Saudi Arabia, where the measures provided for in these Regulations shall be applied.

#### *Article A 13*

If there has occurred in the Hedjaz during the

period referred to in Article A 6 a foyer of plague, cholera, yellow fever, or smallpox, or an epidemic of typhus or relapsing fever, the appropriate health authority for the first area adjoining Saudi Arabia which a pilgrim returning therefrom enters may either isolate him at a sanitary station, or place him under surveillance, as it considers necessary, for not longer than the incubation period of the disease which has occurred.

## PART V — NOTIFICATIONS

### *Article A 14*

The health administration for Saudi Arabia shall inform the Organization weekly by telegram of the epidemiological conditions prevailing in its territory during a period beginning two months before the day of the Haj and ending two months after that day. This information, which shall take into account the data furnished and the notifications made to that administration by the medical missions accompanying the pilgrims, shall be sent by the Organization to the health administrations of the territories from which the pilgrims come with a view to enabling them to

apply the appropriate provisions of these Regulations on the return of the pilgrims.

### *Article A 15*

During the season of the Pilgrimage all health administrations concerned shall send periodically and, if necessary, by the most rapid means, to the Organization all sanitary information they may collect concerning the Pilgrimage. They shall also send to the Organization not later than six months after the end of the Pilgrimage an annual report thereon. This information shall be forwarded by the Organization to all health administrations concerned.

## Annex B

## STANDARDS OF HYGIENE ON PILGRIM SHIPS AND ON AIRCRAFT CARRYING PILGRIMS

### PART I — PILGRIM SHIPS

#### *Article B 1*

Only mechanically propelled ships shall be permitted to carry pilgrims.

#### *Article B 2*

1. Every pilgrim ship shall be able to accommodate the pilgrims on the between-decks.
2. Pilgrims shall not be accommodated on a pilgrim ship on any deck lower than the first between-deck below the water-line.
3. The following space provisions shall be made on a pilgrim ship for each pilgrim, irrespective of age—
  - (a) on the between-decks, in addition to the space provided for the crew, an area of not less than 18 English square feet or 1.672 square metres and a cubic capacity of not less than 108 English cubic feet or 3.058 cubic metres ;
  - (b) on the upper deck, a free area of not less than 6 English square feet or 0.557 square metres in addition to the area upon that deck required for the working of the ship or reserved for the crew, or taken up by temporary hospitals, douches, and latrines.

4. The decks above the upper between-decks on a pilgrim ship shall be wooden decks or steel decks covered with wood or any satisfactory insulating material.

5. Satisfactory ventilation shall be provided in every pilgrim ship. The ventilation shall be augmented by mechanical means, at least in the case of decks below the first of the between-decks, and by port-holes in the upper between-decks if the deck is above the water-line.

#### *Article B 3*

1. Every pilgrim ship shall be provided on deck with screened places supplied at all times, even if the ship is lying at anchor, with sea-water under pressure, in pipes which shall be fitted with taps or douches, in the proportion of not less than one tap or douche for every 100 pilgrims or fraction of 100 pilgrims.
2. A sufficient number of such places shall be for the exclusive use of women.

#### *Article B 4*

1. In addition to closet accommodation for the crew, every pilgrim ship shall be provided with latrines, fitted with flushing apparatus or water-taps,

in the proportion of not less than three latrines for every 100 pilgrims or fraction of 100 pilgrims ; provided that, for existing ships in which it is impracticable to provide that proportion, the health authority for the port of departure may permit the proportion to be not less than two latrines for every 100 pilgrims or fraction of 100 pilgrims.

2. A sufficient number of such latrines shall be for the exclusive use of women.

3. No latrine shall be situated in the hold of a ship or in a between-deck which has no access to an open deck.

#### *Article B 5*

1. Every pilgrim ship shall be provided with satisfactory hospital accommodation situated on the upper deck unless the health authority for the port of departure considers that some other situation would be equally satisfactory.

2. Such hospital accommodation, including temporary hospitals, shall be of sufficient size, allowing not less than 97 English square feet or 9.012 square metres for every 100 pilgrims or fraction of 100 pilgrims, and so constructed as to provide for the isolation of infected persons or suspects.

3. Separate latrines and drinking-water taps shall be provided exclusively for such accommodation.

#### *Article B 6*

1. Every pilgrim ship shall carry medicaments and appliances for the treatment of the sick pilgrims, as well as disinfectants and insecticides. The health administration for the territory in which the port of departure is situated shall prescribe the quantities of such substances or articles to be carried.

2. Every pilgrim ship shall be provided with anti-cholera vaccine, antismallpox vaccine, and any other vaccine which may be prescribed by the health administration referred to in paragraph 1 of this Article, and such vaccines and substances shall be stored under suitable conditions.

3. Medical attendance and medicines shall be provided free of charge to pilgrims on a pilgrim ship.

#### *Article B 7*

1. The crew of every pilgrim ship shall include a properly qualified and registered medical practitioner with experience of maritime health conditions, as well as a nursing attendant, employed for medical service on the ship.

2. If the number of pilgrims on board exceeds 1,000, the crew shall include two such medical practitioners and two nursing attendants.

3. Every such medical practitioner shall be so recognized by the health administration for the territory in which the port of departure is situated.

#### *Article B 8*

Each State may apply to pilgrim ships embarking pilgrims for the Hedjaz in its ports requirements additional to those prescribed in Articles B 2 to B 7 inclusive, which are minimum requirements, if the additional requirements conform with its national legislation.

#### *Article B 9*

Each pilgrim on board a pilgrim ship shall keep with him only such light baggage as is essential for the voyage.

#### *Article B 10*

Every pilgrim shall be in possession of a return ticket or shall have deposited a sum sufficient to pay for the return journey. The sanitary charges which he will normally incur throughout his voyage to and from the Hedjaz shall be included in the price of that ticket or in that sum.

#### *Article B 11*

1. The master of every pilgrim ship or the agent of the shipping company shall notify the health authority for each port at which pilgrims are due to be embarked for the Hedjaz of the intention to do so at least three days before the ship leaves the port of departure and at least twelve hours before it leaves any subsequent port of call.

2. A similar notification shall be made to the health authority for Jeddah at least three days before the ship leaves that port.

3. Every such notification shall specify the proposed date of departure and the port or ports of the landing of the pilgrims.

#### *Article B 12*

1. The health authority for a port, on receiving a notification provided for in Article B 11, shall inspect the ship, and may measure it if the master cannot produce a certificate of measurement by another competent authority, or if the inspecting authority has reason to believe that such certificate no longer represents the actual conditions of the ship.

2. The cost of any such inspection and measurement shall be payable by the master.

*Article B 13*

The health authority for a port at which pilgrims are embarked shall not permit the departure of a pilgrim ship until satisfied that—

- (a) the ship carries as part of the crew a properly qualified and registered medical practitioner or practitioners, as well as a nursing attendant or attendants, as provided for in Article B 7, and sufficient medical stores ;
- (b) the ship is thoroughly clean and, if necessary, has been disinfected ;
- (c) the ship is properly ventilated and provided with awnings of sufficient size and thickness to shelter the decks ;
- (d) there is nothing on board which is or may become injurious to the health of the pilgrims or crew ;
- (e) there is on board, properly stowed away, in addition to the requirements of other persons on board, sufficient wholesome food for all the pilgrims during the voyage ;
- (f) the drinking-water on board is wholesome and sufficient ;
- (g) the tanks for the drinking-water on board are properly protected from contamination and so closed that the water can be drawn from them only by means of taps or pumps ;
- (h) the ship carries an apparatus capable of distilling not less than five litres of drinking-water per day for each person on board ;
- (i) the ship has a proper and sufficient disinfecting chamber ;
- (j) the deck allotted to the pilgrims is free from merchandise and unencumbered ;
- (k) any appropriate measure provided for in this Annex can be applied on board ;
- (l) the master has obtained—
  - (i) a list, countersigned by the health authority for each port at which pilgrims have been embarked, showing the names and sex of the pilgrims embarked there and the maximum number of pilgrims which may be carried on the ship ;
  - (ii) a document giving the name, nationality, and tonnage of the ship, the names of the master and ship's surgeon or surgeons, the exact number of persons embarked, and the port of departure ; this document shall include a statement by the health authority for the port of departure, showing whether the maximum

number of pilgrims which may be carried has been embarked, and, if not, the additional number of pilgrims the ship is authorized to embark at subsequent ports of call.

*Article B 14*

1. The document referred to in sub-paragraph (ii) of paragraph (l) of Article B 13 shall be countersigned at each port of call by the health authority for that port, which shall enter on such document—
  - (a) the number of pilgrims disembarked or embarked at that port ;
  - (b) the sanitary conditions at the port of call.
2. If any such document is altered in any manner during the voyage, the ship may be treated as infected.

*Article B 15*

Pilgrims shall not be permitted to cook food on board a pilgrim ship.

*Article B 16*

During the voyage of a pilgrim ship, the deck allotted to pilgrims shall be kept free from merchandise and unencumbered and reserved for their use at all times, even at night, without charge.

*Article B 17*

The between-decks of a pilgrim ship shall be properly cleansed every day during the voyage at a time when they are not occupied by the pilgrims.

*Article B 18*

Every latrine on a pilgrim ship shall be kept clean and in good working order, and shall be disinfected as frequently as necessary and in no case less than three times daily.

*Article B 19*

1. Not less than five litres of drinking-water shall be provided daily, free of charge, to each pilgrim, irrespective of age.
2. If there is any reason to suspect that the drinking-water on a pilgrim ship may be contaminated, or if there is any doubt as to its quality, it shall be boiled or sterilized, and it shall be removed from the ship at the first port at which a fresh and wholesome supply can be obtained. The tanks shall be disinfected before being filled with the fresh supply.

*Article B 20*

1. The ship's surgeon shall daily visit the pilgrims on a pilgrim ship during its voyage, give medical



attention to them as may be necessary, and satisfy himself that hygienic standards are being observed on board.

2. The ship's surgeon shall, in particular, satisfy himself—

(a) that the rations issued to the pilgrims are of good quality and properly prepared and that the quantity is in accordance with the carriage contract ;

(b) that drinking-water is provided in accordance with paragraph 1 of Article B 19 ;

(c) that the ship is always kept clean, and that the latrines are cleaned and disinfected as required by Article B 18 ;

(d) that the pilgrims' quarters are kept clean ;

(e) that, in the case of the occurrence of any disease of an infectious nature, the appropriate measures of control, including those of disinfection and disinsecting, have been carried out.

3. If there is any doubt as to the quality of the drinking-water, the ship's surgeon shall draw the attention of the master, in writing, to the provisions of sub-paragraphs (f), (g), and (h) of Article B 13 and paragraph 2 of Article B 19.

4. The ship's surgeon shall keep a day-to-day record, which shall be daily countersigned by the master, of every occurrence on board relating to health, including any preventive measures taken, during the voyage. If so requested by the health authority for any port of call or for the port of destination, such record shall be produced for inspection.

#### *Article B 21*

The ship's surgeon shall be responsible to the master of a pilgrim ship for all necessary measures of disinfection or disinsecting on board, which shall be carried out under the supervision of the ship's surgeon, and for the measures specified in paragraph 2 of Article B 20.

#### *Article B 22*

Only the persons charged with the care and nursing of patients suffering from any disease of an infectious nature shall have access to them. Such persons, other than the ship's surgeon, shall not come in contact with any other persons on board if such contact would be liable to convey the infection.

#### *Article B 23*

1. If a pilgrim dies during the voyage, the master shall record the fact opposite the name of the pilgrim on the list required by sub-paragraph (i) of paragraph (I) of Article B 13 and he shall also enter in the ship's log the name of the pilgrim, his age, the place whence he came, and the cause or assumed cause of his death.

2. If the pilgrim has died at sea from any disease of an infectious nature, the corpse shall be wrapped in a shroud impregnated with a disinfecting solution and shall be buried at sea.

#### *Article B 24*

This Annex does not apply to pilgrim ships engaged on short sea voyages, accepted locally as coasting voyages, which shall conform with special requirements agreed between the States concerned.

## **PART II — AIRCRAFT**

#### *Article B 25*

The provisions of the Convention on International Civil Aviation (Chicago, 1944) and of the Annexes thereto, governing the transport of passengers by air, the application of which may affect the health of such passengers, shall be equally enforced whether

an aircraft is carrying pilgrims or other passengers.

#### *Article B 26*

A health administration may require aircraft carrying pilgrims to land only at airports in its territory designated by it for the disembarking of pilgrims.

**TABLE OF COMPARISON  
WITH EXISTING INTERNATIONAL SANITARY CONVENTIONS AND SIMILAR AGREEMENTS**

**KEY**

<b>1903</b>	International Sanitary Convention, 1903
<b>1905</b>	Pan American Sanitary Convention, 1905
<b>1912</b>	International Sanitary Convention, 1912
<b>1924</b>	Pan American Sanitary Code, 1924
<b>1926</b>	International Sanitary Convention, 1926
<b>1933</b>	International Sanitary Convention for Aerial Navigation, 1933
<b>1934 (B)</b>	International Agreement for dispensing with Bills of Health, 1934
<b>1934 (V)</b>	International Agreement for dispensing with Consular Visas on Bills of Health, 1934
<b>1938</b>	International Sanitary Convention, 1938 (modifying the 1926 Convention)
<b>1944 (M)</b>	International Sanitary Convention, 1944 (modifying the 1926/38 Convention)
<b>1944 (A)</b>	International Sanitary Convention for Aerial Navigation, 1944 (modifying the 1933 Convention)
<b>WHO Reg. 2</b>	WHO Regulations No. 2, 1951

In the table of comparison the numbers which immediately follow the key references above are those of the articles of the conventions, code or agreements indicated. There follow, as required, the numbers of relevant paragraphs and sub-paragraphs of the articles. However, where such paragraphs or sub-paragraphs are unnumbered, they are indicated by ordinal numerals showing their position in the article : e.g., second para.

The words "*no reference*" appear in the first column when the subject matter of the quoted reference is not in the International Sanitary Regulations ; similarly when the subject matter of an article of the International Sanitary Regulations does not appear in any of the conventions or agreements the words "*no reference*" appear in the second column opposite the quoted reference to the Regulations.

## TABLE OF COMPARISON

*Although references to previous instruments have been drawn up with great care, the table of comparison should not be regarded as exhaustive.*

*The references have been made from the practical rather than the purely legal point of view.*

*Comparison has been limited to those texts which, under Article 105 of the International Sanitary Regulations, are due to be replaced upon the entry-into-force of the Regulations. Thus, those articles of the Pan American Sanitary Code of 1924 and paragraph 2 of Article XVII (third paragraph of Article 54 of the UNRRA text) of the International Sanitary Convention for Aerial Navigation, 1944, which are to remain in force, have not been considered.*

*References to the Conventions of 1944 have been quoted from the reprints of those conventions published in the Epidemiological Information Bulletin, UNRRA, Vol. 1, Nos. 3 and 4 (15 and 28 February 1945), which obtained a much wider distribution than other published versions.*

<i>WHO Regulations No. 2</i>	<i>Previous Conventions, Code or Agreements in force</i>
Preamble	1903, 1912, 1926, 1933, 1944 (M), 1944 (A) : Preamble
Articles	
1	
“ <i>Aedes aegypti</i> index ”	1924 : 2
“ aircraft ”	1924 : 2 — 1933, 1944 (A) : 1 (I)
“ airport ”	1933 : 1 (II) ; 2 (cf. WHO Reg. 2 : 20 § 4) — 1944 (A) : 1 (II) ; 2 (cf. WHO Reg. 2 : 20 § 4)
“ arrival ”	no reference
“ baggage ”	no reference
“ crew ”	1903 : footnote to Article 21 (4) — 1912 : footnote to Article 22 (4) — 1926, 1944 (M) : Preliminary provisions (3) — 1933, 1944 (A) : 1 (IV)
“ day ”	1926, 1944 (M) : Preliminary provisions (4) — 1933, 1944 (A) : 1 (VII)
“ direct transit area ”	no reference
“ Director-General ”	no reference
“ epidemic ”	no reference
“ first case ”	1926, 1944 (M) : 10, second para
“ foyer ”	1912 : footnote to Article 7, second para — 1926, 1944 (M) : footnote to Article 10 — 1944 (M) : footnote to Article 10 (cf. vectors of yellow fever) — 1933, 1944 (A) : footnote to Article 22

*WHO Regulations No. 2**Previous Conventions, Code or Agreements in force***Articles**

“ health administration ”	<i>no reference</i>
“ health authority ”	<i>no reference</i>
“ imported case ”	<i>no reference</i>
“ infected local area ”	<b>1903, 1912</b> : 1 ; 7 — <b>1924</b> : 9 ; 29 to 34 (classification of ports) — <b>1926</b> : 1 ; 6 ; 10 — <b>1933</b> : 22 — <b>1944 (M)</b> : 1 ; 6 — <b>1944 (A)</b> : 20 § 1 ; 22
“ infected person ”	<i>no reference</i>
“ international voyage ”	<i>no reference</i>
“ isolation ”	<b>1903</b> : footnote to Article 21 (3) — <b>1912</b> : footnote to Article 22 (3) — <b>1924</b> : 2 — <b>1926, 1944 (M)</b> : Preliminary provisions (2) ; footnote to Article 25 (second part) — <b>1933, 1944 (A)</b> : 1 (VI) ; 26, second para
“ local area ”	<b>1903, 1912</b> : 8, second para — <b>1924</b> : 2 (area) — <b>1926, 1944 (M)</b> : Preliminary provisions (1) — <b>1933, 1944 (A)</b> : 1 (V) (cf. <b>1933</b> : 8 ; 40 — <b>1944 (A)</b> : 8)
“ medical examination ”	<i>no reference</i>
“ Organization ”	<i>no reference</i>
“ pilgrim ”	<b>1926</b> : 147
“ Pilgrimage ”	<i>no reference</i>
“ pilgrim ship ”	<b>1903</b> : 91 — <b>1912</b> : 89 — <b>1926</b> : 91
“ port ”	<b>1924</b> : 2
“ quarantinable diseases ”	<b>1933, 1944 (A)</b> : 18
“ relapsing fever ”	<i>no reference</i>
“ sanitary station ”	<i>no reference</i>
“ season of Pilgrimage ”	<i>no reference</i>
“ ship ”	<i>no reference</i>
“ ship’s surgeon ”	<i>no reference</i>
“ suspect ”	<i>no reference</i>
“ typhus ”	<b>1944 (M)</b> : Preliminary provisions (5) — <b>1944 (A)</b> : 1 (VIII)
“ valid certificate ”	<b>1924</b> : 28 — <b>1944 (M)</b> : 40, third para ; 57, second para — <b>1944 (A)</b> : 1 (X) ; 9 (4) ; 36 (6)
“ yellow-fever endemic zone ”	<b>1944 (M)</b> : Preliminary provisions (6) (cf. vectors of yellow fever) — <b>1944 (A)</b> : 1 (IX)
“ yellow-fever receptive area ”	<i>no reference</i>
<i>no reference</i>	“ authorized aerodrome ” : <b>1933, 1944 (A)</b> : 1 (II)
<i>no reference</i>	“ disinfection ” : <b>1924</b> : 2
<i>no reference</i>	“ fumigation ” : <b>1924</b> : 2
<i>no reference</i>	“ inspection ” : <b>1924</b> : 2 (cf. <b>WHO Reg. 2</b> : 1 “ medical examination ”)
<i>no reference</i>	“ plague ” : <b>1924</b> : 2 (cf. <b>WHO Reg. 2</b> : 54)
<i>no reference</i>	“ rodents ” : <b>1924</b> : 2
<i>no reference</i>	“ sanitary aerodrome ” <b>1933, 1944 (A)</b> : 1 (III)
<i>no reference</i>	“ vectors of yellow fever ” : <b>1944 (M)</b> : Preliminary provisions (6) — <b>1944 (A)</b> : 1 (XI)

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Articles	
2	<i>no reference</i>
3.1	<b>1903, 1912</b> : 1 ; 7 — <b>1924</b> : 9 — <b>1926, 1944 (M)</b> : 1 ; 3, second para ; 10 — <b>1944 (A)</b> : 20 § 1
<i>no reference</i>	Notification of other communicable diseases — <b>1944 (M)</b> : 1 — <b>1944 (A)</b> : 20 § 3 ; 20 § 4
3.2	<i>no reference</i>
4.1	<b>1903, 1912</b> : 2 — <b>1924</b> : 10 — <b>1926, 1944 (M)</b> : 2 — <b>1944 (A)</b> : 20 § 2
4.2	<b>1926, 1944 (M)</b> : 6
5.1	<b>1903, 1912, 1926, 1944 (M)</b> : 4, first para
5.2	<b>1903, 1912</b> : 4, second and third paras — <b>1926, 1944 (M)</b> : 4, second para
6.1	<b>1924</b> : 11 — <b>1926, 1944 (M)</b> : 12
6.2	<b>1903, 1912</b> : 9 — <b>1924</b> : 11
7	<b>1933, 1944 (A)</b> : 37
8.1 (a)	<i>no reference</i>
8.1 (b)	<b>1903</b> : 10 — <b>1912</b> : 11 — <b>1926, 1944 (M)</b> : 16
8.2	<i>no reference</i>
8.3	<i>no reference</i>
9	<b>1924</b> : 31 (h)
10	<b>1903</b> : 3 ; 10 — <b>1912</b> : 3 ; 11 — <b>1924</b> : 10 — <b>1926, 1944 (M)</b> : 3, first para ; 16 — <b>1944 (A)</b> : 20 § 6
11	<b>1924</b> : 34 — <b>1926, 1944 (M)</b> : 3, second para — <b>1944 (A)</b> : 20 § 7
12	<b>1926</b> : 3, third para — <b>1944 (M)</b> : 3, third and fourth paras — <b>1944 (A)</b> : 20 § 9
13	<b>1926, 1944 (M)</b> : 14, second para
<i>no reference</i>	Reply to any request for information : <b>1926, 1944 (M)</b> : 5 (cf. WHO Constitution, Article 64)
<i>no reference</i>	Governments to arrange compulsory notification within own territories : <b>1903, 1905, 1912</b> : 5 — <b>1926, 1944 (M)</b> : 8 — <b>1933</b> : 9, second para
<i>no reference</i>	Internal circulation of epidemiological information by receiving health authority : <b>1933</b> : 20 — <b>1944 (A)</b> : 20 § 8
<i>no reference</i>	Notification of land frontier stations : <b>1926</b> : 58, third para — <b>1944 (M)</b> : 58
14.1	<b>1903</b> : 35, first, second and third paras — <b>1912</b> : 42, first and second paras — <b>1924</b> : 61 — <b>1926, 1944 (M)</b> : 14, first para ; 50, first and second paras — <b>1933, 1944 (A)</b> : 3
14.2, 14.3	<b>1903</b> : 36 (d) — <b>1912</b> : 43 (d) — <b>1926, 1944 (M)</b> : 51, first para (d) — <b>1933, 1944 (A)</b> : 5, second para
15	<b>1903</b> : 36 (a) (b) (c) — <b>1912</b> : 43 (a) (b) (c) — <b>1926, 1944 (M)</b> : 51, first para (a) (b) (c) (f)
16	<b>1926, 1944 (M)</b> : 28, ninth para ; 51, first para (e) ; 51, second para
17	<b>1926, 1944 (M)</b> : 51, first para (e)

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## Previous Conventions, Code or Agreements in force

Articles	
18	<i>no reference</i>
19.1	1933, 1944 (A) : 1 (III) ; 4
19.2 (a)	1933, 1944 (A) : 5 (a) (b)
19.2 (b)	1933, 1944 (A) : 5 (d)
19.2 (c)	1933, 1944 (A) : 5 (e)
19.2 (d)	1933, 1944 (A) : 5 (c)
19.2 (e)	1933, 1944 (A) : 5 (d)
20.1	1933 : 40 — 1944 (M) : 40, second para except last sentence
20.2	<i>no reference</i>
20.3 (a)	1933 : 38 (c) (d) — 1944 (A) : 38 (3) (4)
20.3 (b)	1933 : 38 (b) — 1944 (A) : 38, first para (2) ; 38, second para
20.4	1933 : 2 — 1944 (A) : 2 ; footnote to Article 38, first para (1)
<i>no reference</i>	Aerodromes to be at adequate distance from nearest inhabited centre in endemic yellow-fever area : 1944 (A) : 38, first para (1)
<i>no reference</i>	In yellow-fever receptive areas conditions to be fulfilled by authorized aerodromes : 1944 (A) : 47 (1) (a)
21.1 (a)	1926, 1944 (M) : 28, second para
21.1 (b)	1926, 1944 (M) : 7
21.1 (c)	<i>no reference</i>
21.2	<i>no reference</i>
21.3	1926, 1944 (M) : 28, seventh para — 1933, 1944 (A) : 7, first para ; 8, first, second and third paras
22	1905 : 37, first para — 1926 : 58, third para ; 62, second para — 1944 (M) : 58 ; 62, second para
<i>no reference</i>	Aerodromes to be protected from rats : 1933, 1944 (A) : 5, second para (in fine)
<i>no reference</i>	The medical officer of a sanitary aerodrome to be approved by the sanitary authority : 1933, 1944 (A) : 6
<i>no reference</i>	Aerodromes : distance from inhabited centres and water supply to be protected : 1933 : 38 (a) (b beginning) — 1944 (A) : 38, first para (1), second para (beginning)
<i>no reference</i>	Ports : separate sewage system : 1926, 1944 (M) : 51, second para (in fine)
<i>no reference</i>	Ports : notification to the Organization of ports equipped for dealing with infected or suspected ships : 1903 : 35, fourth para — 1912 : 42, third para — 1926, 1944 (M) : 50, fourth para *
23	1926 : 15, fourth para — 1933, 1944 (A) : 17 ; 21, first para ; 56, first para — 1944 (M) : 15, sixth para
24	Without delay : 1903, 1905 : 42 — 1912 : 50 — 1924 : 46 — 1926 : 63, first para — 1933, 1944 (A) : 56, second para — 1944 (M) : 15, fifth para (in fine) ; 63 Without discrimination : 1933, 1944 (A) : 60
25.1	<i>no reference</i>

\* In the English text (unofficial) of the 1926 Convention, the second and third paragraphs of Article 50 were translated as one paragraph.

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## Previous Conventions, Code or Agreements in force

## Articles

persons  
vehicles

*no reference*

*no reference*

25.2	1903, 1905 : 15, first para — 1912 : 16, first para — 1926, 1944 (M) : 18, first para
<i>no reference</i>	Compensation for damage caused by disinfection, etc : 1903, 1905 : 15, second para — 1912 : 16, second para — 1926, 1944 (M) : 18, second para
26.1	1903, 1905 : 25 — 1912 : 38 — 1926, 1944 (M) : 48, first para — 1933, 1944 (A) : 55, first para
26.2 (a)	1903, 1905 : 33 — 1912 : 39 — 1926, 1944 (M) : 48, second para — 1933, 1944 (A) : 55, second para
26.2 (b)	1903, 1905 : 18 — 1912 : 19 — 1926, 1944 (M) : 20
27	1903, 1912 : footnote to Article 22 (3) — 1926, 1944 (M) : Preliminary provisions (2) ; footnote to Article 25 (second part) — 1933, 1944 (A) : 1 (VI) ; 26, second para
28	1933, 1944 (A) : 16, first para — 1944 (M) : 15, fourth and fifth paras
29	1926, 1944 (M) : 33, second para (cf. WHO Reg. 2 : 63)
<i>no reference</i>	Measures applicable to communicable diseases other than the quarantinable : 1933, 1944 (A) : 16, second para — 1944 (M) : 58 (last sentence only) ; 63
<i>no reference</i>	Measures permissible at authorized aerodromes which are not also sanitary aerodromes : 1933, 1944 (A) : 24, second para (in fine)
30.1	1903 : 39 ; 46 — 1905 : 39 — 1912 : 47 ; 54 — 1926 : 59, second para — 1933, 1944 (A) : 12, first para ; 12, second para (beginning) ; 23, first para (2) — 1924 (M) : 13, third para ; 59, second para
30.2 (a)	1912 : 10 (1) — 1926 : 13 (1) — 1933 : 13, first and second paras ; 23, first para (3) ; 42 (2) ; 53, second para — 1944 (M) : 13, first para ; 13, second para — 1944 (A) : 13, first and second paras ; 23, first para (3) ; 36 (1) ; 53, second para
30.2 (b)	1903 : 47 — 1912 : 10 (2) (3) (4) (5) — 1926 : 13 (2) (3) (4) (5) (6) — 1933 : 23, first para (1) (4) (5) (6) ; 42 (1) — 1944 (M) : 13, first para (2) (3) (4) (5) (6) ; 13, second para (in fine) — 1944 (A) : 13, third para ; 23, first para (1) (4) (5) (6) ; 38, third para
<i>no reference</i>	Communicable diseases other than the quarantinable : embarkation of sick persons : 1944 (M) : 13, second, third and fourth paras
30.3	1933, 1944 (A) : 53, first para ; 56, first para
31	1933, 1944 (A) : 14
32	1926, 1944 (M) : 52
33	1903 : 48 to 78 inclusive ; 147 — 1912 : 55 to 82 inclusive ; 139 — 1926, 1944 (M) : 67 to 89 inclusive ; 146 — 1938 : Article II, first para as regards abrogation of Articles 68 and 70 of 1926 Convention ; Article II, second para as regards amendment of Articles 69, 72, 73, 75, 77, 86, 88, 89 of the 1926 Convention
34 (a)	<i>no reference</i>
34 (b)	1933 : 43 (first sentence) — 1944 (A) : second footnote to Article 38

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## Previous Conventions, Code or Agreements in force

Articles	
<b>35</b>	<i>no reference</i>
<i>no reference</i>	Pilot in command having sick person on board an aircraft : <b>1933, 1944 (A)</b> : 15
<b>36.1</b>	<b>1903</b> : 21 (1) ; 22, first para ; 23, second para (1) ; 24 (I) (a) ; 24 (II) (a) ; 26 (1) ; 27, first para ; 28, second para ; 39 — <b>1912</b> : 22 (1) ; 23, first para ; 24, second para (1) ; 25 (I) (a) ; 25 (II) (a) ; 27 (1) ; 28, first para ; 29, second para ; 30 (1) ; 31, first para ; 32 ; 47 — <b>1924</b> : 38 — <b>1926, 1944 (M)</b> : 15, first para ; 25, first para (1) ; 26, first para ; 27 (1) ; 30 (1) ; 31, first para ; 33, second para ; 36 (1) ; 37, first and second paras ; 41, first para (1) ; 42, first para (1) ; 59, second para — <b>1933</b> : 12, first para ; 12, second para (beginning) ; 24, second para (beginning) ; 27 (1) ; 28 (1) ; 30 (1) ; 31, first para (1) ; 34 (b) (1) ; 35 (b) (1) ; 42 (1) (2) ; 44, third para (1) (2) ; 47 (1) (2) ; 51 (1) (2) — <b>1944 (A)</b> : 12, first para ; 12, second para (beginning) ; 24, second para (beginning) ; 27 (1) ; 28 (1) ; 30 (1) ; 31, first para (1) ; 34 (b) (1) ; 35 (b) (1) ; 51 (1) (2)
<b>36.2</b>	<b>1926, 1944 (M)</b> : 15, second and third paras — <b>1933, 1944 (A)</b> : 21, second and third paras
<b>37</b>	<b>1903</b> : 8, first and third paras — <b>1912</b> : 8, first and third paras ; 44 — <b>1926, 1944 (M)</b> : 11
<i>no reference</i>	Time limit : <b>1903, 1912</b> : 8, fourth para
<b>38</b>	<b>1903</b> : 21 (2) ; 26 (2) ; 37, second para — <b>1912</b> : 22 (2) ; 27 (2) ; 30 (2) ; 45, second para — <b>1924</b> : 41 (2) ; 42 (2) ; 43 (2) ; 44 (2) ; 45 (2) — <b>1926, 1944 (M)</b> : 25 (2) ; 30 (2) ; 36 (2) ; 41 (2) ; 42 (2) ; 59, second para — <b>1933, 1944 (A)</b> : 24, second para (beginning) ; 28 (2) ; 31, first para (2) ; 34 (b) (2) ; 35 (b) (2)
<b>39.1</b>	<b>1926, 1944 (M)</b> : 61 — <b>1933, 1944 (A)</b> : 52, first para
<b>39.2</b>	<b>1926, 1944 (M)</b> : footnote to Article 25 (first part) — <b>1933, 1944 (A)</b> : 26, first para
<b>40</b>	<b>1903</b> : 32 — <b>1905</b> : 32, first para — <b>1912</b> : 37 — <b>1926, 1944 (M)</b> : 47, first para — <b>1933, 1944 (A)</b> : 54
<b>41</b>	<b>1926, 1944 (M)</b> : 50, third para * — <b>1933, 1944 (A)</b> : 24, first para
<b>42, 43</b>	<b>1933</b> : 43 (second sentence) — <b>1944 (A)</b> : second footnote to Article 38
<b>44</b>	<b>1903</b> : 31 — <b>1912</b> : 36 — <b>1926, 1944 (M)</b> : 54 — <b>1933, 1944 (A)</b> : 57
<b>45</b>	<b>1933, 1944 (A)</b> : 25, second para
<i>no reference</i>	Healthy ships carrying a surgeon : <b>1903</b> : 29, first and second paras — <b>1912</b> : 34, first and second paras — <b>1926, 1944 (M)</b> : 45, first para
<i>no reference</i>	Facilities recommended for ships coming from countries where adequate measures are taken for combating infectious diseases : <b>1926, 1944 (M)</b> : 46
<i>no reference</i>	Restrictive definition of "calling at a port" : <b>1903, 1905</b> : 32, second para — <b>1912</b> : 37, second para — <b>1926, 1944 (M)</b> : 47, second para (cf. WHO Reg. 2 : 40)
<i>no reference</i>	Ships in bad sanitary condition : <b>1903</b> : 30 — <b>1905</b> : 30 (in fine) — <b>1912</b> : 35 — <b>1926, 1944 (M)</b> : 53

\* In the English text (unofficial) of the 1926 Convention, the second and third paragraphs of Article 50 were translated as one paragraph.



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Articles	
<i>no reference</i>	General measures concerning infected vessels: <b>1924</b> : 40 (first sentence)
<i>no reference</i>	General measures concerning suspected vessels: <b>1924</b> : 39
<i>no reference</i>	Disinfection of ships even when healthy: <b>1924</b> : 40 (last sentence)
<i>no reference</i>	Inspection to be combined with customs examination: <b>1903</b> : 39 — <b>1912</b> : 47 — <b>1926, 1944 (M)</b> : 59
<b>46</b>	<b>1903</b> : 11; 12; 13; 14; 17; 19 — <b>1905</b> : 13; 14; 17 — <b>1912</b> : 10 (2); 12; 13; 14; 15; 18; 20 — <b>1924</b> : 40 (second sentence) — <b>1926</b> : 13 (6); 17 (first sentence); 17 (a) (second sentence) — <b>1933</b> : 10; 29 — <b>1944 (M)</b> : 13, first para (6); 17 (first sentence); 17 (a) (second sentence)
<b>47</b>	<b>1903</b> : 19 — <b>1912</b> : 20 — <b>1926, 1944 (M)</b> : 17 (first sentence) — <b>1933, 1944 (A)</b> : 23, first para (4)
<b>48</b>	<b>1903</b> : 16 — <b>1905</b> : 16 (first sentence) — <b>1912</b> : 17 — <b>1926, 1944 (M)</b> : 19 — <b>1933, 1944 (A)</b> : 11
<b>49</b>	<b>1905</b> : 40 — <b>1924</b> : 2 (Incubation period of plague) — <b>1926</b> : 24, first para (2); 24, second para (1); 25, first para (3); 26, second para; 27 (3) — <b>1933</b> : 19 — <b>1944 (M)</b> : 57, third para — <b>1944 (A)</b> : 19
<b>50</b>	<i>no reference</i>
<b>51.1</b>	<b>1924</b> : 31 § 2 (c) — <b>1926, 1944 (M)</b> : 68; 28, ninth para — <b>1933, 1944 (A)</b> : 5, second para (in fine)
<b>51.2</b>	<b>1926</b> : 13 (2) — <b>1944 (M)</b> : 13, first para (2)
<b>52.1</b>	<b>1912</b> : 26 — <b>1926, 1944 (M)</b> : 28, first para
<b>52.2</b>	<b>1912</b> : 26 — <b>1926, 1944 (M)</b> : 28, third para
<b>52.3</b>	<b>1926, 1944 (M)</b> : 28, fifth para
<b>52.4 (a)</b>	<b>1926, 1944 (M)</b> : 28, fourth para (a)
<b>52.4 (b)</b>	<b>1924</b> : footnote concerning Article 41 (3) — <b>1926, 1944 (M)</b> : 28, fourth para (b)
<b>52.5</b>	<i>no reference</i>
<i>no reference</i>	Annual report: <b>1926, 1944 (M)</b> : 28, sixth para (cf. WHO Constitution, Article 64)
<b>53</b>	<b>1933, 1944 (A)</b> : 27 (2) as regards deratting
<i>no reference</i>	Measures applicable to healthy aircraft: <b>1933, 1944 (A)</b> : 27 (2) as regards disinsecting
<b>54</b>	<b>1924</b> : 41 (5) — <b>1926</b> : 58, fourth para
<b>55.1</b>	<b>1903</b> : 20, first para — <b>1912</b> : 21, first para — <b>1924</b> : 36, first para — <b>1926, 1944 (M)</b> : 24, first para — <b>1933, 1944 (A)</b> : 28
<b>55.2</b>	<b>1903</b> : 20, second para — <b>1912</b> : 21, second para — <b>1924</b> : 36, first para — <b>1926, 1944 (M)</b> : 24, second para
<b>55.3</b>	<b>1903</b> : 20, third para — <b>1912</b> : 21, third para — <b>1924</b> : 35 — <b>1926, 1944 (M)</b> : 24, third para — <b>1933, 1944 (A)</b> : 27
<b>56.1 (a)</b>	<b>1903</b> : 21 (3); 22, second para; 24 (I) (d) — <b>1912</b> : 22 (3); 23, second para; 25 (I) (d) — <b>1924</b> : 41 (5) — <b>1926, 1944 (M)</b> : 25 (3); 26, second para — <b>1933, 1944 (A)</b> : 28 (3)

*WHO Regulations No. 2**Previous Conventions, Code or Agreements in force***Articles**

- 56.1 (b)** 1903 : 12 ; 13 ; 14 ; 17 ; 19 ; 21 (4) (5) ; 22, first para ; 24 (I) (c) — 1912 : 13 ; 14 ; 15 ; 18 ; 20 ; 22 (4) (5) ; 23, first para ; 25 (I) (c) — 1924 : 41 (1) — 1926, 1944 (M) : 17 (a) ; 25 (4) (5) ; 26, first para — 1933, 1944 (A) : 28 (4) (5)
- 56.2** 1903 : 17, third and fourth paras ; 21 (6) ; 22, third and fourth paras ; 24 (I) (b) — 1912 : 18, third and fourth paras ; 22 (6) ; 23, first para ; 25 (I) (b) — 1924 : 41 (3) (4) (6) — 1926, 1944 (M) : 25 (6) to end of article
- 56.3** 1933, 1944 (A) : 28 (6)
- 57** 1924 : 41 (6) — 1926, 1944 (M) : 24, second para (in fine)
- 58** 1903 : 23 ; 24 (II) (b) (c) (d) — 1912 : 24 ; 25 (II) (b) (c) (d) — 1926, 1944 (M) : 17 (a) (second sentence) ; 27 — 1933, 1944 (A) : 27
- 59** 1903 : 12 ; 13 ; 14 ; 17 ; 19 ; 37 ; 38 ; 39 ; 40 ; 42 ; 83 to 85 inclusive — 1905 : 37 ; 38 ; 39 ; 40 ; 42 — 1912 : 13 ; 14 ; 15 ; 18 ; 20 ; 45 ; 46 ; 47 ; 48 ; 50 — 1926 : 17 (a) ; 58 first, second, third and fourth paras ; 59 ; 61 ; 63 — 1944 (M) : 17 (a) ; 58 (except last sentence) ; 59 ; 61 ; 63
- 60** 1905 : 40 — 1924 : 2 (Incubation period of cholera) — 1926 : 29, first and second paras ; 30 (3) (6) ; 31, second para ; 33, third para ; 61 — 1933 : 19 — 1944 (M) : 57, third para — 1944 (A) : 19
- 61** 1926 : 34 — 1933 : 32 ; 52, second para — 1944 (M) : 34 ; 57, second para — 1944 (A) : 9 (4) ; 32 ; 52, second para
- 62.1** 1903 : 20, first para — 1912 : 21, first para — 1924 : 36, first para — 1926, 1944 (M) : 29, first para
- 62.2** 1903 : 20, second para — 1912 : 21, second para — 1924 : 36, first para — 1926, 1944 (M) : 29, second para
- 62.3** 1933, 1944 (A) : 31, first para (beginning)
- 62.4** 1903 : 20, third para — 1912 : 21, third para — 1924 : 35 — 1926, 1944 (M) : 29, third para (first sentence) — 1933, 1944 (A) : 30 (beginning)
- 63.1 (a)** 1903 : 26, first para (3) — 1912 : 27, first para (3) — 1926, 1944 (M) : 30 (3) — 1933, 1944 (A) : 31, first para (3) ; 52, second para
- 63.1 (b)** 1903 : 12 ; 13 ; 14 ; 17, first and second paras ; 19 ; 26, first para (4) (5) — 1912 : 13 ; 14 ; 15 ; 18, first and second paras ; 20 ; 27, first para (4) (5) — 1924 : 42 (1) ; 42 (4) — 1926, 1944 (M) : 17 (b) (first sentence) ; 30 (4) (5) — 1933, 1944 (A) : 31 (4) (5)
- 63.1 (c)** 1903 : 26, second para — 1912 : 27, first para (6) — 1924 : 42 (1) — 1926, 1944 (M) : 30 (7) (8) — 1933, 1944 (A) : 31 (6)
- 63.2** 1903 : 26, first para (6) ; 26, third para — 1912 : 27, second and third paras — 1926, 1944 (M) : 30 (9)
- no reference* Measures to prevent infection of the staff engaged in unloading : 1926, 1944 (M) : 30 (6)
- 64.1** 1903 : 12 ; 13 ; 14 ; 17, first and second paras ; 19 ; 27, first para — 1912 : 13 ; 14 ; 15 ; 18, first and second paras ; 20 ; 28, first and fourth paras — 1926, 1944 (M) : 17 (b) (first sentence) ; 31, first para — 1933, 1944 (A) : 31 (4) (5) (6)

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Articles	
64.2	1903 : 27, second para — 1912 : 28, second para — 1926, 1944 (M) : 31, second para — 1933, 1944 (A) : 31 (3) ; 52, second para
65	<i>no reference</i>
<i>no reference</i>	Bacteriological examination : 1912 : 27 (3) ; 28, third para ; 35 — 1926, 1944 (M) : 32 (cf. WHO Reg. 2 : 69)
66:	1903 : 28, first, second, third and fourth paras — 1912 : 29, first, second, third, fourth and fifth paras — 1926, 1944 (M) : 33, first and third paras — 1933, 1944 (A) : 30 (2)
<i>no reference</i>	Suspected water on board healthy ship : 1926, 1944 (M) : 33, second para
67	1903 : 12 ; 13 ; 14 ; 17, first and second paras ; 19 ; 37 ; 38 ; 39 ; 40 ; 42 ; 83 to 85 inclusive — 1905 : 37 ; 38 ; 39 ; 40 ; 42 — 1912 : 13 ; 14 ; 15 ; 18, first and second paras ; 20 ; 45 ; 46 ; 47 ; 48 ; 50 — 1926 : 17 (b) (first sentence) ; 58, first, second and third paras ; 59 ; 61 ; 63 — 1944 (M) : 17 (b) (first sentence) ; 58 (except last sentence) ; 59 ; 61 ; 63
68	1926, 1944 (M) : 17 (b) (second sentence) ; 30 (4) — 1933, 1944 (A) : 33
69	1924 : 42 (3) — 1926, 1944 (M) : 29, fourth and fifth paras ; 32 — 1933, 1944 (A) : 31, second para
70	1933 : 36 ; 37 — 1944 (A) : 36 (2) (3) ; 37
71	1905 : 40 — 1924 : 2 (Incubation period of yellow fever) — 1926 : 35, second and third paras ; 36 (2) (3) ; 37, second para ; 61 — 1933 : 19 — 1944 (M) : 57, third para — 1944 (A) : 19
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## GENERAL INDEX

The Special Committee, in the course of its debates, made the following changes of terminology in the English text :

Draft Regulations	Final text
<i>communicable disease</i>	<i>epidemic disease</i>
<i>epidemic disease</i>	<i>quarantinable disease</i>
<i>vessel</i>	<i>ship</i>
<i>yellow-fever endemic area</i>	<i>yellow-fever endemic zone</i>

The term appearing in the final text has been used throughout the index, the corresponding term of the draft text being added in square brackets (e.g., Quarantinable [epidemic] diseases).

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