

# **INTERNATIONAL HEALTH REGULATIONS (1969)**

adopted by the Twenty-second World Health Assembly in 1969 and  
amended by the Twenty-sixth World Health Assembly in 1973  
and the Thirty-fourth World Health Assembly in 1981

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## FOREWORD

The International Health Regulations adopted by the Twenty-second World Health Assembly on 25 July 1969<sup>1</sup> represent a revised and consolidated version of the previous International Sanitary Regulations.

The purpose of the International Health Regulations is to ensure the maximum security against the international spread of diseases with a minimum interference with world traffic. Following the increasing emphasis on epidemiological surveillance for communicable disease recognition and control, the new Regulations are intended to strengthen the use of epidemiological principles as applied internationally, to detect, reduce or eliminate the sources from which infection spreads, to improve sanitation in and around ports and airports, to prevent the dissemination of vectors and, in general, to encourage epidemiological activities on the national level so that there is little risk of outside infection establishing itself.

The Twenty-sixth World Health Assembly in 1973<sup>2</sup> amended the Regulations, particularly as regards the provisions for cholera. The Thirty-fourth World Health Assembly in 1981<sup>3</sup> amended the Regulations in order to exclude smallpox, in view of its global eradication.

This volume contains the text of the International Health Regulations in force as of 1 January 1982, together with interpretations and recommendations made by the Twenty-second and subsequent World Health Assemblies, as well as those made by the Committee on International Surveillance of Communicable Diseases (formerly the Committee on International Quarantine), in accordance with its duty "to submit recommendations on practice, methods and procedure relating to international surveillance of communicable diseases",<sup>4</sup> and approved by the World Health Assembly.<sup>5</sup>

This volume also contains the text of reservations made to the Regulations and other information annexes.

Important current notifications received by the Organization under the Regulations are made available on the automatic telex reply services<sup>6</sup> and published in its Weekly Epidemiological Record together with all other notifications and information concerning the application of the Regulations.

## **Discontinuation of vaccination against smallpox**

On 8 May 1980, the Thirty-third World Health Assembly accepted the finding of the Global Commission for the Certification of Smallpox Eradication that smallpox had been eradicated throughout the world. It also endorsed the Commission's recommendations with respect to post-eradication policy and urged Member States to give immediate effect to the recommendations that international certificates of vaccination against smallpox should no longer be required of any traveller and that smallpox vaccination should be discontinued in every country except for investigators at special risk (resolution WHA33.4).

All countries throughout the world then rapidly ceased requiring international certificates of vaccination against smallpox from travellers. But some embassies and consulates, as well as travel agencies, apparently unaware that such certificates can no longer be required of travellers, went on as in the past giving the same, now erroneous, information to travellers. In March 1982 WHO was therefore requested, by the Committee on Orthopoxvirus Infections, set up to advise it on the implementation of the policy for the post-eradication era, to make more widely known the fact that international certificates of vaccination against smallpox are no longer required.

With regard to the discontinuation of routine vaccination, almost all the Member States of WHO had officially discontinued compulsory vaccination by 1982.

At the above-mentioned meeting the Committee, referring to the fact that the complications of smallpox vaccination can be extremely serious and sometimes fatal, also emphasized that there is now no justification for vaccinating anyone except investigators whose work in orthopoxvirus research places them at special risk and persons involved in smallpox vaccine production. The Committee at the same time placed on record the view that unnecessary vaccination may be regarded as medical malpractice.

# INTERNATIONAL HEALTH REGULATIONS (1969)

## PART I - DEFINITIONS

### *Article 1*

For the purposes of these Regulations—

"*Aedes aegypti index*"<sup>7</sup> means the ratio, expressed as a percentage, between the number of houses in a limited well-defined area on the premises of which actual breeding-places of *Aedes aegypti* are found, and the total number of houses examined in that area;

"*aerosol dispenser*" means a dispenser holding a pressurized formulation which produces an insecticidal aerosol when the valve is opened;

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

"*airport*" means any airport designated by the Member State in whose territory it is situated as an airport of entry and departure for international air traffic, where the formalities incident to customs, immigration, public health,<sup>8</sup> animal and plant quarantine and similar procedures are carried out;

"*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 treaties or arrangements among the States concerned, under Article 85 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;

"*container ( freight container)*"<sup>9</sup> means an article of transport equipment—

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

The term "*container (freight container)*" does not include vehicles or conventional packing;

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

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

"*direct transit area*"<sup>10</sup> 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;

"*diseases subject to the Regulations*" (quarantinable diseases) means cholera, including cholera due to the *el tor* vibrio, plague, and yellow fever;

"*disinsecting*" means the operation in which measures are taken to kill the insect vectors of human disease present in ships, aircraft, trains, road vehicles, other means of transport, and containers;

"*epidemic*" means an extension of a disease subject to the Regulations by a multiplication of cases in an area;

"*free pratique*" means permission for a ship to enter a port, disembark and commence operation, or for an aircraft, after landing, to disembark and commence operation;

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

"*health authority*" means the authority immediately responsible in its jurisdiction for the appropriate health measures permitted or prescribed by these Regulations;

"*imported case*" means an infected person arriving on an international voyage;

"*infected area*"<sup>11</sup> is defined on epidemiological principles by the health administration reporting the disease in its country and need not correspond to

administrative boundaries. It is that part of its territory which, because of population characteristics, density and mobility and/or vector and animal reservoir potential, could support transmission of the reported disease;

*"infected person"* means a person who is suffering from a disease subject to the Regulations or who is subsequently shown to have been incubating such a disease;

*"in flight"* means the time elapsing between the closing of the doors of the aircraft before take-off and their opening on arrival;

*"in quarantine"* means that state or condition during which measures are applied by a health authority to a ship, an aircraft, a train, road vehicle, other means of transport or container, to prevent the spread of disease, reservoirs of disease or vectors of disease from the object of quarantine;

*"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;

*"medical examination"*<sup>12</sup> includes visit to and inspection of a ship, an aircraft, a train, road vehicle, other means of transport, and container, and the preliminary examination of persons, including scrutiny of vaccination certificates, but does not include the periodical inspection of a ship to ascertain the need for deratting;

*"Organization"* means the World Health Organization;

*"port"* means a seaport or an inland port;

*"ship"* means a seagoing or an inland navigation vessel making an international voyage;

*"suspect"* means a person who is considered by the health authority as having been exposed to infection by a disease subject to the Regulations and is considered capable of spreading that disease;

*"transferred case"* means an infected person whose infection originated in another area under the jurisdiction of the same health administration;

*"valid certificate"*, when applied to vaccination, means a certificate conforming with the rules and the model laid down in Appendix 2.

## 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<sup>13</sup>*

1. Each health administration shall notify the Organization by telegram or telex within twenty-four hours of its being informed that the first case of a disease subject to the Regulations, that is neither an imported case nor a transferred case, has occurred in its territory, and, within the subsequent twenty-four hours, notify the infected area.
2. In addition each health administration will notify the Organization by telegram or telex within twenty-four hours of its being informed:
  - (a) that one or more cases of a disease subject to the Regulations has been imported or transferred into a non-infected area—the notification to include all information available on the origin of infection;
  - (b) that a ship or aircraft has arrived with one or more cases of a disease subject to the Regulations on board—the notification to include the name of the ship or the flight number of the aircraft, its previous and subsequent ports of call, and the health measures, if any, taken with respect to the ship or aircraft.
3. The existence of the disease so notified on the establishment of a reasonably certain clinical diagnosis shall be confirmed as soon as possible by laboratory methods, as far as resources permit, and the result shall be sent immediately to the Organization by telegram or telex.

*Reservations—Egypt, India, Pakistan*  
(for text, see Annex II, page 53).

### *Article 4<sup>14</sup>*

1. Each health administration shall notify the Organization immediately of evidence of the presence of the virus of yellow fever, including the virus found in mosquitos or in vertebrates other than man, or the plague bacillus, in any part of its territory, and shall report the extent of the area involved.
2. Health administrations, when making a notification of rodent plague, shall distinguish wild rodent plague from domestic rodent plague and, in the case of the former, describe the epidemiological circumstances and the area involved.

*Reservations—Egypt, India, Pakistan*  
(for text, see Annex 11, page 53).

### *Article 5*

Any notification required under 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.

### *Article 6*

1. During an epidemic the notifications and information required under Article 3 and Article 5 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, road vehicles, other means of transport, and containers leaving the infected area, shall be stated. In the case of plague, the measures taken against rodents shall be specified. In the case of the diseases subject to the Regulations which are transmitted by insect vectors, the measures taken against such vectors shall also be specified.

### *Article 7<sup>15</sup>*

1. The health administration for a territory in which an infected area has been defined and notified shall notify the Organization when that area is free from infection.
2. An infected 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 or cholera, a period of time equal to at least twice the incubation period of the disease, as hereinafter provided, has elapsed since the last case identified has died, recovered or been isolated, and there is no epidemiological evidence of spread of that disease to any contiguous area;
  - (b)
    - (i) in the case of yellow fever not transmitted by *Aedes aegypti*, three months have elapsed without evidence of activity of the yellow-fever virus;
    - (ii) in the case of yellow fever transmitted by *Aedes aegypti*, three months have elapsed since the occurrence of the last human case, or one month since that occurrence if the *Aedes aegypti* index has been continuously maintained below one per cent;
  - (c)
    - (i) in the case of plague in domestic rodents, one month has elapsed since the last infected animal was found or trapped;
    - (ii) in the case of plague in wild rodents, three months have elapsed without evidence of the disease in sufficient proximity to ports and airports to be a

threat to international traffic.

*Reservations*—India, Pakistan (for text, see Annex II, pages 53 and 54).

### *Article 8<sup>16</sup>*

1. Each health administration shall notify the Organization of:
  - (a) the measures which it has decided to apply to arrivals from an infected area and the withdrawal of any such measures, indicating the date of application or withdrawal;
  - (b) any change in its requirements as to vaccination for any international voyage
2. Any such notification shall be sent by telegram or telex, 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.
4. Each health administration shall take steps to inform prospective travellers, through the co-operation of, as appropriate, travel agencies, shipping firms, aircraft operators or by other means, of its requirements and of any modifications thereto.

### *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 or telex of the number of cases of the diseases subject to the Regulations and deaths therefrom during the previous week in each of its towns and cities adjacent to a port or an airport, including any imported or transferred cases;
- (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 7.

### *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<sup>17</sup>*

1. 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, telex or telephone.

2. Any additional epidemiological data and other information available to the Organization through its surveillance programme shall be made available, when appropriate, to all health administrations.
3. The Organization may, with the consent of the government concerned, investigate an outbreak of a disease subject to the Regulations which constitutes a serious threat to neighbouring countries or to international health. Such investigation shall be directed to assist governments to organize appropriate control measures and may include on-the-spot studies by a team.

### *Article 12*

Any telegram or telex 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 disease subject to the Regulations, the priority shall be the highest available under international telecommunication agreements.

### *Article 13<sup>18</sup><sub>18</sub>*

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 disease subject to the Regulations 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.
3. The Organization shall review the epidemiological trends of the diseases subject to the Regulations, and shall publish such data, not less than once a year, illustrated with maps showing infected and free areas of the world, and any other relevant information obtained from the surveillance programme of the Organization.

### PART III - HEALTH ORGANIZATION

#### *Article 14<sup>19</sup>*

1. Each health administration shall ensure that ports and airports in its territory shall have at their disposal an organization and equipment adequate for the application of the measures provided for in these Regulations.
2. Every port and airport shall be provided with pure drinking-water and wholesome food supplied from sources approved by the health administration for public use and consumption on the premises or on board ships or aircraft. The drinking-water and food shall be stored and handled in such a manner as to ensure their protection against contamination. The health authority shall conduct periodic inspections of equipment, installations and premises, and shall collect samples of water and food for laboratory examinations to verify the observance of this Article. For this purpose and for other sanitary measures, the principles and recommendations set forth in the guides on these subjects published by the Organization shall be applied as far as practicable in fulfilling the requirements of these Regulations.
3. Every port and 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 and airports in a territory as practicable an organized medical and health service with adequate staff, equipment and premises, and in particular facilities for the prompt isolation and care of infected persons, for disinfection, disinsecting and deratting, for bacteriological investigation, for the collection and examination of rodents for plague infection, for collection of water and food samples and their dispatch to a laboratory for examination, and for other appropriate measures provided for by these Regulations.

#### *Article 16*

The health authority for each port and airport shall:

- (a) take all practicable measures to keep port and airport installations free of rodents;
- (b) make every effort to extend rat-proofing to the port and airport 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 53, 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 53.

3. Each health administration which so designates ports shall ensure that Deratting Certificates and Deratting Exemption Certificates are issued in accordance with the requirements of the Regulations.

### *Article 18*

1. Depending upon the volume of its international traffic, each health administration shall designate as sanitary airports a number of the airports in its territory, provided they meet the conditions laid down in paragraph 2 of this Article, and the provisions of Article 14.

2. Every sanitary airport shall have at its disposal:

- (a) an organized medical service and 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 control of vectors and 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 within the airport or available to it for vaccination against yellow fever.

### *Article 19*

1. Every port and the area within the perimeter of every airport shall be kept free from *Aedes aegypti* in its immature and adult stages and the mosquito vectors of malaria and other diseases of epidemiological significance in international traffic. For this purpose active anti-mosquito measures shall be maintained within a protective area extending for a distance of at least 400 metres around the perimeter.

2. Within a direct transit area provided at any airport situated in or adjacent to an area where the vectors referred to in paragraph 1 of this Article exist, any building used as accommodation for persons or animals shall be kept mosquito-proof.

3. 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.

4. Each health administration shall furnish data to the Organization once a year on the extent to which its ports and airports are kept free from vectors of epidemiological significance in international traffic.

*Article 20<sup>20</sup><sub>20</sub>*

1. Each health administration shall send to the Organization 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.
2. The health administration shall notify the Organization of any change which may occur from time to time in the list 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 21*

1. The Organization shall, at the request of the health administration concerned, arrange to certify, after any appropriate investigation, that a sanitary airport in its territory fulfils the conditions required by the Regulations.
2. The Organization shall, at the request of the health administration concerned, and after appropriate investigation, certify that a direct transit area at an airport in a yellow-fever infected area in its territory fulfils the conditions required by the Regulations.
3. These certifications shall be subject to periodic review by the Organization, in co-operation with the health administration concerned, to ensure that the required conditions are fulfilled.

*Article 22*

1. Wherever the volume of international traffic is sufficiently important and whenever epidemiological conditions so require, facilities for the application of the measures provided for in these Regulations shall be made available at frontier posts on railway lines, on roads and, where sanitary control over inland navigation is carried out at the frontier, on inland waterways.
2. Each health administration shall notify the Organization when and where such facilities are provided.
3. The Organization shall send promptly to all health administrations the information received in accordance with this Article.

## PART IV - HEALTH MEASURES AND PROCEDURE

### Chapter I—General Provisions

#### *Article 23*

The health 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 diseases subject to the Regulations.

#### *Article 24<sup>21</sup>*

Health measures shall be initiated forthwith, completed without delay, and applied without discrimination.

#### *Article 25*

1. Disinfection, disinsecting, deratting, and other sanitary operations shall be carried out so 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 cargo, goods, baggage, containers and other articles, every precaution shall be taken to avoid any damage.
3. Where there are procedures or methods recommended by the Organization they should be employed.

#### *Article 26<sup>22</sup>*

1. A health authority shall, when so requested, issue free of charge to the carrier a certificate specifying the measures applied to a ship, aircraft, train, road vehicle, other means of transport, or container, 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 Health Part of the Aircraft 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<sup>23</sup><sub>2</sub><sup>24</sup>3*

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 64, 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 I 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 disease subject to the Regulations, shall not on account of any other epidemic disease be refused free pratique by the health authority for a port or an airport; in particular it shall not be prevented 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—Health Measures on Departure

### *Article 30<sup>25</sup><sub>24</sub>*

1. The health authority for a port or an airport or for the area in which a frontier post is situated 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, a road vehicle, other means of transport, or container, of possible agents of infection or vectors of a disease subject to the Regulations.
2. The health authority in an infected area may require a valid vaccination certificate from departing travellers.
3. The health authority referred to in paragraph 1 of this Article 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 any other formalities, so as to facilitate his departure and to avoid delay.
4. Notwithstanding the provisions of subparagraph (a) of paragraph 1 of this Article, a person on an international voyage who on arrival is placed under surveillance may be allowed to continue his voyage. The health authority shall, in accordance with Article 27, notify by the most expeditious means the health authority for the place to which he is proceeding.

### **Chapter III—Health 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 health measure shall be applied by a State to any ship which passes through waters within its jurisdiction without calling at a port or on the coast.
2. If for any reason such a call is made, the laws and regulations in force in the territory may be applied without exceeding, however, the provisions of these Regulations.

#### *Article 33*

1. No health 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 area or has on board any person coming from an infected area, within the incubation period of the disease with which the 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<sup>26, 27</sup><sub>2</sub>5*

Notwithstanding any provision to the contrary in these Regulations except Article 69, no health 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—Health Measures on Arrival

### *Article 35<sup>28 29</sup><sub>6</sub>*

Whenever practicable States shall authorize granting of free 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 disease subject to the Regulations.

### *Article 36<sup>30</sup><sub>27</sub>*

1. The health authority for a port, an airport, or a frontier station may subject to medical examination on arrival any ship, aircraft, train, road vehicle, other means of transport, or container, as well as any person arriving on an international voyage.
2. The further health measures which may be applied to the ship, aircraft, train, road vehicle, other means of transport, and container 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, road vehicle, other means of transport, and container if it arrives from an infected area.
3. Where a health administration has special problems which could constitute a grave danger to public health, it may require a person on an international voyage to give on arrival a destination address in writing.

### *Article 37*

The application of the measures provided for in Part V which depend on arrival from an infected area as notified by the health administration concerned shall be limited to the ship, aircraft, train, road vehicle, or other means of transport, person, container or article as the case may be, arriving from such an area, provided that the health authority for the infected area is taking all measures necessary for checking the spread of the disease and is applying the measures provided for in paragraph 1 of Article 30.

### *Article 38<sup>31</sup><sub>28</sub>*

On arrival of a ship, an aircraft, a train, a road vehicle, or other means of transport, an infected person on board may be removed and isolated by the health authority. Such removal by the health authority 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 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 health 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;
- (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 73, a ship or an aircraft shall not be prevented for health reasons from calling at any port or airport. If the port or airport is not equipped for applying the health 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 area if it has landed only in such an area at any sanitary airport which is not itself an infected area.

*Reservations*—India, Pakistan (for text, see Annex II, pages 53 and 54).

#### *Article 43*

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

*Reservations*—India, Pakistan (for text, see Annex 11, pages 53 and 54).

#### *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, while in quarantine, to take on fuel, water and stores. 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 an area where the vector of yellow fever is present 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 without delay 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 health measures are concerned, proceed either to the airport at which it was due to land, or, if for technical reasons it cannot do so, to a conveniently situated airport.

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 Cargo, Goods, Baggage, and Mail**

### *Article 46<sup>32</sup><sub>29</sub>*

1. Cargo and goods shall be submitted to the health measures provided for in these Regulations only when coming from infected areas and when the health authority has reason to believe that the cargo and goods may have become contaminated by the agent of a disease subject to the Regulations or may serve as a vehicle for the spread of any such disease.
2. Goods, other than live animals, in transit without transshipment shall not be subject to health measures or detained at any port, airport, or frontier.
3. The issue of a certificate of disinfection of merchandise which is the subject of trade between two countries may be governed by bilateral agreements between the exporting and the importing countries.

### *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 infectious material or insect vectors of a disease subject to the Regulations.

### *Article 48*

1. Mail, newspapers, books, and other printed matter shall not be subject to any health measure.
2. Postal parcels may be subject to health measures only if they contain:
  - (a) any of the foods referred to in Article 63 which the health authority has reason to believe comes from a cholera-infected area;
  - (b) linen, wearing apparel, or bedding, which has been used or soiled and to which the provisions of Part V are applicable;
  - (c) infectious material; or
  - (d) living insects and other animals capable of being a vector of human disease if introduced or established.

### *Article 49*

A health administration shall ensure as far as practicable that containers used in international traffic by rail, road, sea or air shall, in packing, be kept free of infectious material, vectors or rodents.

## **PART V - SPECIAL PROVISIONS RELATING TO EACH OF THE DISEASES SUBJECT TO THE REGULATIONS**

### **Chapter I—Plague**

#### *Article 50*

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

#### *Article 51*

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

#### *Article 52*

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 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 53<sup>33</sup><sub>30</sub>*

1. Every ship shall be either:
  - (a) permanently kept in such a condition that it is free of rodents and the plague vector; or
  - (b) periodically deratted.
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 ship is free of rodents. 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 54*

In exceptional circumstances of an epidemiological nature, when the presence of rodents is suspected on board, an aircraft may be disinfected and deratted

#### *Article 55*

Before departure on an international voyage from an area where there is an epidemic of pulmonary plague, every suspect shall be placed in isolation by the health authority for a period of six days reckoned from the date of the last exposure to infection.

#### *Article 56*

1. A ship or an aircraft on arrival shall be regarded as infected if:
  - (a) It has a case of human plague on board;
  - (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) it has a person on board who has been exposed to pulmonary plague and has not met the requirements of Article 55.

3. Even when coming from an infected area or having on board a person coming from an infected 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 57*

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. On arrival of a ship, an aircraft, a train, road vehicle or other means of transport having on board a person suffering from pulmonary plague, or if there has been a case of pulmonary plague on board a ship within the period of six days before its arrival, the health authority may, in addition to the measures required by paragraph 1 of this Article, place the passengers and crew of the ship, aircraft, train, road vehicle or other means of transport in isolation for a period of six days, reckoned from the date of the last exposure to infection.

3. If there is rodent plague on board a ship, or in its containers, it shall be disinsected and deratted, if necessary in quarantine, in the manner provided for in Article 53 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.

4. If a rodent infected with plague is found on board an aircraft, the aircraft shall be disinfected and deratted, if necessary in quarantine.

### *Article 58*

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 57 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 59*

On arrival, a healthy ship or aircraft shall be given free pratique, but, if it has come from an infected 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 area,
- (b) require the destruction of rodents on board a ship and disinfecting in exceptional cases and for well-founded reasons which shall be communicated in writing to the master.

### *Article 60*

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 paragraphs 1 and 2 of Article 57 may be applied by the health authority, disinfecting and, if necessary, disinfection being applied to any part of the train or road vehicle which is considered to be contaminated.

**Chapter II—Cholera<sup>34</sup>** 31*Article 61*

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

*Article 62*

1. If on arrival of a ship, aircraft, train, road vehicle or other means of transport a case of cholera is discovered, or a case has occurred on board, the health authority (a) may apply surveillance or isolation of suspects among passengers or crew for a period not to exceed five days reckoned from the date of disembarkation; (b) shall be responsible for the supervision of the removal and safe disposal of any water, food (excluding cargo), human dejecta, waste water including bilge water, waste matter, and any other matter which is considered to be contaminated, and shall be responsible for the disinfection of water tanks and food handling equipment.
2. Upon accomplishment of (b) the ship, aircraft, train, road vehicle or other means of transport shall be given free pratique.

*Article 63<sup>35</sup>* 32

Foodstuffs carried as cargo on board ships, aircraft, trains, road vehicles or other means of transport in which a case of cholera has occurred during the journey, may not be subjected to bacteriological examination except by the health authorities of the country of final destination.

*Article 64*

1. No person shall be required to submit to rectal swabbing.
2. A person on an international voyage, who has come from an infected 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 65*

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

#### *Article 66*

1. Vaccination against yellow fever may be required of any person leaving an infected area on an international voyage.
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 68 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 area.
4. The yellow-fever vaccine used must be approved by the Organization, and the vaccinating centre must have been designated by the health administration for the territory in which it is situated. The Organization shall be assured that the vaccines used for this purpose continue to be of suitable quality.

#### *Article 67<sup>36</sup><sub>33</sub>*

1. Every person employed at a port or an airport situated in an infected area, and every member of the crew of a ship or an aircraft using any such port or airport, shall be in possession of a valid certificate of vaccination against yellow fever.
2. Every aircraft leaving an airport situated in an infected area shall be disinfected in accordance with Article 25, using methods recommended by the Organization, and details of the disinfecting shall be included in the Health Part of the Aircraft General Declaration, unless this part of the Aircraft General Declaration is waived by the health authority of the airport of arrival. States concerned shall accept disinfecting of aircraft by the approved vapour disinfecting system carried out in flight.
3. Every ship leaving a port in an area where *Aedes aegypti* still exists and bound for an area where *Aedes aegypti* has been eradicated shall be kept free of *Aedes aegypti* in its immature and adult stages.
4. An aircraft leaving an airport where *Aedes aegypti* exists and bound for an area where *Aedes aegypti* has been eradicated shall be disinfected in accordance with Article 25, using methods recommended by the Organization.

#### *Article 68*

A health authority in an area where the vector of yellow fever is present may require a person on an international voyage, who has come from an infected 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 69*

1. A person coming from an infected 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 an area where the vector of yellow fever is present and 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, during the period provided for in Article 68.

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 70<sup>37</sup><sub>34</sub>*

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 area less than six days before arrival, or, if arriving within thirty days of leaving such an area, the health authority finds *Aedes aegypti* or other vectors of yellow fever 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 67 and it finds live mosquitos on board the aircraft. Any other aircraft shall be regarded as healthy.

### *Article 71*

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

- (a) in an area where the vector of yellow fever is present, the measures provided for in Article 68 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* or other vectors of yellow fever on board; in an area where the vector of yellow fever is present, the ship may, until such measures have been carried out, be required to keep at least 400 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 72*

On arrival of a healthy ship or aircraft coming from an infected area, the measures provided for in subparagraph (b) of paragraph 1 of Article 71 may be applied. The ship or aircraft shall thereupon be given free pratique.

### *Article 73*

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 67 are applied, but, in an area where the vector of yellow fever is present, aircraft coming from an infected area may land only at airports specified by the State for that purpose.

### *Article 74*

On arrival of a train, a road vehicle, or other means of transport in an area where the vector of yellow fever is present, the following measures may be applied by the health authority:

- (a) isolation, as provided for in Article 68, of any person coming from an infected area, who is unable to produce a valid certificate of vaccination against yellow fever;
- (b) disinsecting of the train, road vehicle or other means of transport if it has come from an infected area.

### *Article 75*

In an area where the vector of yellow fever is present the isolation provided for in Article 38 and in this Chapter shall be in mosquito-proof accommodation.

## PART VI - HEALTH DOCUMENTS

### *Article 76*

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 77*

1. The master of a seagoing vessel making an international voyage, before arrival at its first port of call in a territory, shall ascertain the state of health on board, and, except when a health administration does not require it, 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 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 3.
4. A health administration may decide:
  - (a) either to dispense with the submission of the Maritime Declaration of Health by all arriving ships; or
  - (b) to require it only if the ship arrives from certain stated areas, or if there is positive information to report.

In either case, the health administration shall inform shipping operators.

### *Article 78*

1. The pilot in command of an aircraft, on landing at the first airport in a territory, or his authorized agent, shall complete and deliver to the health authority for that airport the Health Part of the Aircraft General Declaration which shall conform with the model specified in Appendix 4, except when a health administration does not require it.
2. The pilot in command of an aircraft, or his authorized agent, shall supply any information required by the health authority as to health conditions on board during the voyage.
3. A health administration may decide:
  - (a) either to dispense with the submission of the Health Part of the Aircraft General Declaration by all arriving aircraft; or

- (b) to require it only if the aircraft arrives from certain stated areas, or if there is positive information to report.

In either case, the health administration shall inform aircraft operators.

### *Article 79<sup>38</sup><sub>35</sub>*

1. The certificates specified in Appendices 1 and 2 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. Completion in another language in addition is not excluded.
3. International certificates of vaccination must be signed in his own hand by a medical practitioner or other person authorized by the national health administration; his official stamp is not an accepted substitute for his signature.
4. International certificates of vaccination are individual certificates and shall in no circumstances be used collectively. Separate certificates shall be issued for children.
5. No departure shall be made from the model of the certificate specified in Appendix 2, and no photograph shall be included.
6. A parent or guardian shall sign the international certificate of vaccination when the child is unable to write. The signature of an illiterate shall be indicated in the usual manner by his mark and the indication by another that this is the mark of the person concerned.
7. If a vaccinator is of the opinion that vaccination is contraindicated on medical grounds he shall provide the person with reasons, written in English or French, underlying that opinion, which health authorities should take into account.

### *Article 80*

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 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 81<sup>39</sup><sub>36</sub>*

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

## PART VII - CHARGES

### *Article 82<sup>40</sup> 3<sup>41</sup> 7*

1. No charge shall be made by a health authority for:
  - (a) any medical examination provided for in these 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, train, road vehicle, other means of transport, and containers. In particular, there shall be no distinction made between national and foreign persons, ships, aircraft, trains, road vehicles, other means of transport, and containers.
3. The levying of a charge for the transmission of a message relating to provisions of these Regulations by radio may not exceed the normal charge for radio messages.
4. 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 83<sup>42</sup><sub>3</sub><sup>43</sup>8*

1. Every aircraft leaving an airport situated in an area where transmission of malaria or other mosquito-borne disease is occurring, or where insecticide-resistant mosquito vectors of disease are present, or where a vector species is present that has been eradicated in the area where the airport of destination of the aircraft is situated, shall be disinfested in accordance with Article 25 using the methods recommended by the Organization. States concerned shall accept disinfesting of aircraft by the approved vapour disinfesting system carried out in flight. Every ship leaving a port in the situation referred to above shall be kept free from the immature and adult stages of the mosquito concerned.

2. On arrival at an airport in an area where malaria or other mosquito-borne disease could develop from imported vectors, or where a vector species has been eradicated that is present in the area in which the airport of origin is located, the aircraft mentioned in paragraph 1 of this Article may be disinfested in accordance with Article 25 if the health authority is not provided with satisfactory evidence that disinfesting has been carried out in accordance with paragraph 1 of this Article. Every ship arriving in a port in the situation referred to above should be treated and freed, under the control of the health authority, from the immature and adult stages of the mosquito concerned.

3. As far as practicable, and where appropriate, a train, road vehicle, other means of transport, container, or boat used for international coastal traffic or for international traffic on inland waterways, shall be kept free of insect vectors of human disease.

### *Article 84<sup>44</sup><sub>39</sub>*

1. Migrants, nomads, seasonal workers or persons taking part in periodic mass congregations, and any ship, in particular small boats for international coastal traffic, aircraft, train, road vehicle or other means of transport carrying them, may be subjected to additional health 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.

3. The standards of hygiene on ships and aircraft carrying persons taking part in periodic mass congregations shall not be inferior to those recommended by the Organization.

### *Article 85*

1. Special treaties or arrangements may be concluded between two or more

States having certain interests in common owing to their health, geographical, social or economic conditions, in order to facilitate the application of these Regulations, and in particular with regard to:

- (a) the direct and rapid exchange of epidemiological information between neighbouring territories;
- (b) the health measures to be applied to international coastal traffic and to international traffic on inland waterways, including lakes;
- (c) the health measures to be applied in contiguous territories at their common frontier;
- (d) the combination of two or more territories into one territory for the purposes of any of the health measures to be applied in accordance with these Regulations;
- (e) arrangements for carrying infected persons by means of transport specially adapted for the purpose.

2. The treaties or 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 treaty or arrangement which they may conclude. The Organization shall send immediately to all health administrations information concerning any such treaty or arrangement.

## PART IX - FINAL PROVISIONS

### *Article 86*

1. These Regulations, subject to the provisions of Article 88 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, Regulations 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;
- (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;
- (m) International Sanitary Regulations, 1951, and the Additional Regulations of 1955, 1956, 1960, 1963 and 1965.

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 87*

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 paragraph 1 or 2 of this Article shall have no effect.

### *Article 88*

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 the 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, regulations and similar agreements listed in Article 86.
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, regulations and similar agreements listed in Article 86, 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, regulations and similar agreements listed in Article 86 to which such State is already a party consequently remain in force as far as such State is concerned.

### *Article 89*

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

*Article 90*

1. These Regulations shall come into force on the first day of January 1971.
2. Any State which becomes a Member of the Organization after that date 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 88 upon expiry of that period.

*Article 91*

1. Any State not a Member of the Organization, which is a party to any conventions, regulations and similar agreements listed in Article 86 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 88, 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 conventions, regulations and similar agreements listed in Article 86 to which it was previously a party.

*Article 92*

The Director-General shall notify all Members and Associate Members, and also other parties to any conventions, regulations and similar agreements listed in Article 86 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 87, 89, 90 and 91 respectively, as well as of any decision taken by the World Health Assembly under Article 88.

*Article 93*

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 94*

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 one of the conventions, regulations and similar agreements listed in Article 86. 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.

**Appendix 1 <sup>45\*</sup>      Appendice 1**

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

*issued in accordance with Article 53 of the International Health Regulations — délivré conformément  
à l'article 53 du Règlement sanitaire international (1969)*  
*(Not to be taken away by Port Authorities ) — (Ce certificat ne doit pas être retiré par les autorités  
portuaires.)*

**Appendix 2<sup>46</sup><sup>40</sup>**

## Appendice 2

**INTERNATIONAL CERTIFICATE OF VACCINATION OR  
REVACCINATION  
AGAINST YELLOW FEVER  
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE  
REVACCINATION  
CONTRE LA FIEVRE 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.

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 ten years, beginning ten days after the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that revaccination.

This certificate must be signed in his own hand by a medical practitioner or other person authorized by the national health administration; his official stamp is not an accepted substitute for his signature.

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 dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination au cours de cette période de dix ans, le jour de cette revaccination.

Ce certificat doit être signé de sa propre main par un médecin ou une autre personne habilitée par l'administration sanitaire nationale, un cachet officiel ne pouvant être considéré comme tenant lieu de signature.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

### Appendix 3

## 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 Certificate ----- Dated -----  
 Deratting Exemption Issued at -----

Number Of Cabin ----- Number of crew -----  
 passengers 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 <sup>47</sup> <b>41</b> any case or suspected case of plague, cholera or yellow fever? Give particulars in Schedule.	
2.	Has plague occurred or been suspected among the rats or mice on board during the voyage, <sup>48</sup> <b>42</b> or has there been an abnormal mortality among them?	.....
3.	Has any person died on board during the voyage <sup>49</sup> <b>43</b> otherwise than as a result of accident? Give particulars in Schedule.	.....
4.	Is there on board or has there been during the voyage <sup>50</sup> <b>44</b> 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 -----

Date -----

Ship's Surgeon



### Appendix 3 (continued)

## SCHEDULE TO THE DECLARATION

Particulars of every case of illness or death occurring on board

[illegible]

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--	--	--	--	--	--	--	--	--	--	--

\* State whether recovered, still ill, died.

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

## Appendix 4

### HEALTH PART OF THE AIRCRAFT GENERAL DECLARATION

#### *Declaration of Health*

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

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

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-----  
-----  
-----

Signature, if required: -----

Crew member concerned

## **ANNEXES**

**Annex I**

**POSITION OF MEMBER STATES, ASSOCIATE MEMBERS AND OTHER STATES  
BOUND BY THE INTERNATIONAL HEALTH REGULATIONS (1969)**

**(on 1 January 1995)**

**Unless otherwise indicated, the States listed are bound without reservations**

- I International Health Regulations (1969)
- II Additional Regulations, 1973
- III Additional Regulations, 1981
- R Bound with reservations
- Not bound

	<b>I</b>	<b>II</b>	<b>III</b>
Afghanistan			
Albania			
Algeria			
Angola			
Antigua and Barbuda			
Argentina			
Armenia			
Australia			
Austria	-	-	-
Azerbaijan			
Bahamas			
Bahrain			
Bangladesh			
Barbados			
Belarus			
Belgium			
Belize			
Benin			
Bhutan			
Bolivia			
Bosnia and Herzegovina			
Botswana			
Brazil			
Brunei Darussalam			
Bulgaria			
Burkina Faso			
Burundi			
Cambodia			
Cameroon			
Canada			
Cape Verde			
Central African Republic			

Chad			
Chile			
China			
Colombia			
Comoros			
Congo			
Cook Islands			
Costa Rica			
Cote d'Ivoire			
Croatia			
Cuba			
Cyprus			
Czech Republic			
Democratic	People's		
Republic of Korea			
Denmark			
Djibouti			
Dominica			
Dominican Republic			
Ecuador			
Egypt	R	-	
El Salvador			
Equatorial Guinea			
Entrea			
Estonia			
Ethiopia			
Fiji			
Finland			
France			
Gabon			
Gambia			
Georgia			
Germany			
Ghana			
Greece			

Grenada			
Guatemala			
Guinea			
Guinea-Bissau			
Guyana			
Haiti			
Holy See			
Honduras			
Hungary			
Iceland			
India		R	R
Indonesia			
Iran (Islamic Republic of)			-
Iraq			
Ireland			
Israel			
Italy			
Jamaica			
Japan			
Jordan			
Kazakhstan			
Kenya			
Kiribati			
Kuwait			
Kyrgyzstan			
Lao People's Republic		Democratic	
Latvia			
Lebanon			
Lesotho			
Liberia			
Libyan Arab Jamahiriya			-
Liechtenstein			
Lithuania			
Luxembourg			

Madagascar		-	
Malawi			
Malaysia			
Maldives			
Mali			
Malta			
Marshall Islands			
Mauntania			
Mauritius			
Mexico			
Micronesia	(Federated		
State of)			
Monaco			
Mongolia			
Morocco			
Mozambique			
Myanmar			
Namibia			
Nauru			
Nepal			
Netherlands			
New Zealand			
Nicaragua			
Niger			
Nigeria			
Niue			
Norway			
Oman			
Pakistan	R		
Panama			
Papua New Guinea	-	-	
Paraguay			
Peru			
Philippines			
Poland			

Portugal			
Puerto Rico			
Qatar			
Republic of Korea			
Republic of Moldova			
Romania			
Russian Federation			
Rwanda			
Saint Kitts and Nevis			
Saint Lucia			
Saint Vincent and the Grenadines			
Samoa			
San Marino			
Sao Tome and Principe			
Saudi Arabia			
Senegal			
Seychelles			
Sierra Leone			
Singapore			
Slovakia			
Slovenia			
Solomon Islands			
Somalia			
South Africa			
Spain			
Sri Lanka			
Sudan			
Sunname			
Swaziland			
Sweden			
Switzerland			
Syrian Arab Republic			
Tajikistan			
Thailand			
The Former Yugoslav			

Republic of Macedonia			
Togo			
Tokelau			
Tonga			
Trinidad and Tobago			
Tunisia			
Turkey			
Turkmenistan			
Tuvalu			
Uganda			
Ukraine			
United Arab Emirates			
United Kingdom of Great Britain and Northern Ireland			
United Republic of Tanzania			
United States of America			
Uruguay			
Uzbekistan			
Vanuatu			
Venezuela			
Viet Nam			
Yemen			
Yugoslavia			
Zaire			
Zambia			
Zimbabwe			

## **Annex II**

### **RESERVATIONS TO THE INTERNATIONAL HEALTH REGULATIONS (1969)<sup>5347</sup>**

#### **EGYPT**

*Article 3, paragraph 1, and Article 4, paragraph 1*

The Government of Egypt reserves the right to consider the whole territory of a country as infected with yellow fever whenever yellow fever has been notified under Article 3, paragraph 1, or Article 4, paragraph 1.

#### **INDIA**

*Article 3, paragraph 1, and Article 4, paragraph 1*

The Government of India reserves the right to consider the whole territory of a country as infected with yellow fever whenever yellow fever has been notified under Article 3, paragraph 1, or Article 4, paragraph 1. Article 7, paragraph 2(b)

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

*Article 42*

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

This reservation will not apply to aircraft fitted with an approved vapour disinsecting system which is compulsorily operated.

*Article 43*

The Government of India reserves the right to apply the terms of Article 68 to the passengers and crew on board an aircraft landing in the territory of India who have come in transit through an airport situated in a yellow-fever infected area, not equipped with a direct transit area.

*Article 81*

The Government of India shall have the right to require of persons on an international voyage arriving by air in its territory or landing there in transit, but falling under the terms of paragraph I of Article 69, information on their movements during the last six days prior to disembarkation.

#### **PAKISTAN**

*Article 3, paragraph 1, and Article 4, paragraph 1*

## INTERNATIONAL HEALTH REGULATIONS 61

The Government of Pakistan reserves the right to consider the whole territory of a country as infected with yellow fever whenever yellow fever has been notified under Article 3, paragraph 1, or Article 4, paragraph 1.

### *Article 7, paragraph 2 (b)*

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

### *Article 42*

The Government of Pakistan reserves the right to disinsect immediately on arrival an aircraft which, on its voyage over infected territory, has landed at a sanitary airport which is not itself an infected area.

### *Article 43*

The Government of Pakistan reserves the right to apply the terms of Article 68 to the passengers and crew on board an aircraft landing in the territory of Pakistan who have come in transit through any airport situated in a yellow-fever infected area, not equipped with a direct transit area.

### *Article 81*

The Government of Pakistan shall have the right to require of persons on an international voyage arriving by air in its territory or landing there in transit, but falling under the terms of paragraph I of Article 69, information on their movements during the last six days prior to disembarkation.

**Annex III****OBLIGATIONS OF HEALTH ADMINISTRATIONS UNDER  
THE INTERNATIONAL HEALTH REGULATIONS (1969)**

*Notifications, epidemiological information, and other data which, in application of the International Health Regulations, are to be sent to the World Health Organization*

Nature of information to be sent by the health administration	Article under which required	How and when to be sent to WHO
1. Notification of the first case of a disease subject to the Regulations that is neither an imported nor a transferred case	Article 3, paragraph 1	By telegram or telex, within 24 hours of the health administration being informed.
2. Notification of the extent of the infected area	Article 3, paragraph 1	By telegram or telex, within 24 hours after notification of the first case.
3. Notification of one or more cases of a disease subject to the Regulations imported or transferred into a non-infected area, together with all information available on the origin of infection	Article 3, paragraph 2(a)	By telegram or telex, within 24 hours of the health administration being informed.
4. Notification that a ship or aircraft has arrived with one or more cases of a disease subject to the Regulations on board, together with the name of the ship or flight number of the aircraft, previous and subsequent ports of call, and the health measures taken with respect to the ship or aircraft	Article 3, paragraph 2 (b)	By telegram or telex, <i>within</i> 24 hours of the health administration being informed.
5. Notification that the diagnosis of the disease notified under paragraphs 1 and 2 of Article 3 has been confirmed by laboratory examination	Article 3, paragraph 3	By telegram or telex, on confirmation.
6. Notification of evidence of the pre-sence of yellow fever virus, including the virus found in	Article 4, paragraph 1	Notification by telegram or telex, as soon as evidence has been established. Report

mosquitos or in vertebrates other than man, or the plague bacillus, in any part of its territory. This notification is to be followed by a report indicating the extent of the area involved		by airmail <sup>5448</sup> as soon as extent of area has been extent of area has been determined.
7. Notification of rodent plague, wild- rodent plague being distinguished from domestic rodent plague. In the case of wild-rodent plague, description of the epidemiological circumstances and of the area involved	Article 4, paragraph 2	Notification by air mail, <sup>5549</sup> promptly Report by airmail, <sup>5650</sup> as soon as extent of area has been determined
8. In respect of areas notified under paragraph I of Article 3, supplementary information as to the source and type of the disease, the number of cases and deaths, conditions affecting the spread of the disease, and the prophylactic measures taken	Article 5	By airmail, <sup>5751</sup> promptly.
9. During an epidemic, detailed communications, subsequent to the notifications and information required under Articles 3 and 5, on the number of cases and deaths, measures taken to prevent the spread of the disease to other territories measures of control over rodents, insect vectors, etc., as specified in paragraph 2 of Article 6	Article 6, paragraphs I and 2	By airmail, <sup>5852</sup> as frequently as possible. The number of cases and deaths to be communicated at least once weekly.
10. Notification of the date when an area which, under paragraph I of Article 3, and paragraphs I and 2 of Article 4, has been notified as an infected area is free from infection	Article 7, paragraph I	By the most rapid route.
11. Notification of the measures which it has decided to apply to arrivals from an infected area, indicating the date of application	Article 8, paragraphs 1 (a) and 2	By telegram or telex and, wherever possible, in advance of the application of any such measure.
12. Notification of the withdrawal of the measures it had applied to arrivals from an infected area, indicating the date of withdrawal	Article 8, paragraphs 1 (a) and 2	By telegram or telex and, wherever possible, in advance of the withdrawal of any such measure.
13. Notification of any change in its vaccination requirements for travellers on an international voyage	Article 8, paragraphs 1 (b) and 2	By telegram or telex and, wherever possible, in advance of any such change.
14. Recapitulation of its vaccination requirements for travellers on an international voyage	Article 8. paragraph 3	By airmail, <sup>5953</sup> once yearly.
15. Report of the number of cases of diseases subject	Article 9 (a)	By telegram or telex, once weekly, when

to the Regulations and deaths therefrom during the previous week in each of its towns and cities adjacent to a port or an airport, including any imported or transferred cases		such cases and deaths occur.
16. During the periods referred to in subparagraphs (a), (b) and (c) of paragraph 2 of Article 7, report of the absence of cases of diseases subject to the Regulations from each of its towns and cities adjacent to a port or an airport	Article 9 (b)	By airmail, once weekly, until the periods stated in subparagraphs (a), (b) and (c) of paragraph 2 of Article 7 have elapsed.
17. Information concerning the occurrence of any case of a disease subject to the Regulations due to or carried by international traffic, as well as on the action taken under the Regulations or bearing upon their application	Article 13, paragraph I	By airmail, <sup>60</sup> 54 once yearly
18. Data on the extent to which its ports and airports are kept free from vectors of epidemiological significance in international traffic	Article 19, paragraph 4	By airmail, <sup>61</sup> 55 once yearly
19. List of its ports approved under Article 17 for the issue of Deratting Exemption Certificates only	Article 20, paragraph 1 (i) and 2	By airmail, <sup>62</sup> 56 as soon as the ports have been designated, and as soon as any change in the list of such ports has been made.
20. List of its ports approved under Article 17 for the issue of Deratting Certificates and Deratting Exemption Certificates	Article 20, paragraph 1 (ii) and 2	By airmail, <sup>63</sup> 57 as soon as the ports have been designated, and as soon as any change in the list of such ports has been made.
21. Notification of its frontier posts on railway lines, on roads and on inland waterways where facilities for applying the measures provided for in the Regulations are available, indicating when and where such facilities are provided	Article 22, paragraphs 1 and 2	By airmail, <sup>64</sup> 58 as soon as such facilities have been provided.
22. Notification of arrangements for the detention of persons, under certain conditions, who are in transit to areas where the vector of yellow fever is present	Article 69, paragraphs 1 and 2	By airmail, <sup>65</sup> 59 as soon as arrangements have been made or terminated.
23. Notification of its tariff of charges made for	Article 82, paragraphs 2 and 4	By airmail, <sup>66</sup> 60 immediately.

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applying the measures provided for in the Regulations, and of any amendment thereto		
24. Notification of any agreement concluded with a State or States, and of the provisions of any laws and regulations on additional health measures applied to migrants, nomads, seasonal workers and persons taking part in periodic mass congregations, and to their means of transport	Article 84, paragraphs 1 and 2	By airmail, <sup>67</sup> 61 as soon as agreements have been concluded, and as soon as laws and regulations have been adopted.
25. Notification of special treaties or arrangements concluded with a State or States in order to facilitate the application of the Regulations	Article 85, paragraphs 1 and 3	By airmail, <sup>68</sup> 62 as soon as the special treaties or arrangements have been concluded.

*The submission to WHO by health administrations of the following data not specifically required under the Regulations is also necessary for application of the Regulations*

Nature of information to be sent by the health administration	Article under which required	How and when to be sent to WHO
26. List of vaccinating centres designated for the administration of yellow fever vaccine and for the issue of International Certificates of Vaccination or Revaccination against Yellow Fever	Article I "valid certificate" and Appendix 2; Article 66, paragraph 4	By airmail, on the designation of each such centre.
27. Submission of applications for approval of yellow fever vaccines intended to be used for the issue of international certificates	Article I "valid certificate" and Appendix 2; Article 66, paragraph 4	By airmail, when application is made.
28. Notification of the area or areas where <i>Aedes aegypti</i> has been eradicated	Article 67, paragraphs 3 and 4	By airmail, as soon as conditions are known.
29. Notification of the area or areas where the vector of yellow fever is present	Articles 68; 69, paragraph 1; 71, paragraphs 1 (a) and (b); 74 and 75	By airmail, as soon as conditions are known.
30. List of airports in an area where the vector of yellow fever is present at which aircraft coming from a yellow fever infected area may land	Article 73	By airmail, as soon as the airports have been specified for the purpose.
31. Text of national laws and regulations dealing	-	By airmail, as soon as laws and

<i>with the application of the Regulations, and of amendments to such laws and regulations</i>		regulations have been adopted, and as soon as amendments have been made.
--	--	--

## **Annex IV**

### **WHO EPIDEMIOLOGICAL INFORMATION SERVICE TO MEMBER STATES**

#### **Automatic telex reply service**

In order to make available to Member States as promptly as possible Epidemiological information on diseases subject to the International Health Regulations (1969) and other communicable diseases of international importance, the Organization has established an automatic telex reply service.

Epidemiological information of importance received each day at WHO headquarters is recorded on punch tape and fed into the machine for automatic transmission to any national health administration calling the appropriate telex number. As soon as the message is ended, the machine is ready to transmit to the next caller.

Each Friday, important information received during the week and intended for publication in the Weekly Epidemiological Record is summarized and fed into the machine for automatic transmission. This enables national health administrations to obtain the information well before the Weekly Epidemiological Record reaches them.

Details of the call procedure are published periodically in the Weekly Epidemiological Record.

#### **Weekly Epidemiological Record**

The Weekly Epidemiological Record is published in English and French every Friday morning. One copy of this publication is sent to each national health administration by the fastest possible means. In addition, copies are dispatched by airmail to all subscribers.

The Weekly Epidemiological Record contains all the information that the Organization is required to provide under the International Health Regulations (1969), including the information already made available by the telex service mentioned above. It also contains Epidemiological notes and brief reviews of communicable diseases of international importance.

## **Annex V**

### **STANDARDS OF HYGIENE ON SHIPS AND AIRCRAFT CARRYING PERSONS TAKING PART IN PERIODIC MASS CONGREGATIONS<sup>69</sup><sup>63</sup>**

#### **Ships**

1. Ships to which these standards apply when carrying passengers shall comply with the requirements of Part II of the Annex to the Protocol on Space Requirements for Special Trade Passenger Ships, 1973.

2. The requirements of the following paragraphs are minimum requirements and shall apply to all ships. With respect to existing ships<sup>70</sup><sup>64</sup> the requirements may be relaxed as provided in paragraph 11 of these standards.

3.1 Every ship shall be provided with wash places for the exclusive use of passengers. Potable or wash water<sup>71</sup><sup>65</sup> is to be piped under pressure to washbasins, showers or taps fitted to the following scale:

- (a) voyages of a duration of 48 hours or more—one washbasin for every 50 passengers, or part thereof, and one shower or tap for every 50 passengers, or part thereof which the ship is certified to carry;
- (b) voyages of a duration of 24 hours to 48 hours—one washbasin for every 100 passengers of part thereof and one shower or tap for every 100 passengers of part thereof which the ship is certified to carry;
- (c) voyages of a duration of less than 24 hours—at least two wash places each fitted with a washbasin.

For voyages in the category of (a) and (b) above at least two of the required showers or taps shall be supplied with hot water.

3.2 Wash places shall be adequately lighted, ventilated and drained and so arranged as to afford privacy to the user.

4.1 Every ship shall be provided with a dining space or spaces equipped with sufficient number of tables and chairs to the following scale:

- (a) voyages of a duration of 24 hours or more—10 square metres for every 100 passengers or part thereof which the ship is certified to carry;
- (b) voyages of a duration of less than 24 hours—5 square metres for every 100 passengers or part thereof which the ship is certified to carry.

4.2 Every ship, in addition to the requirements contained in paragraph 3.1, shall be provided with washbasins with hot and cold waters under pressure adjacent to the dining space or spaces to the following scale:

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- (a) voyages of a duration of 24 hours or more—one washbasin for every 100 passengers or part thereof which the ship is certified to carry;
- (b) voyages of a duration of less than 24 hours—one wash-basin for every 200 passengers or part thereof which the ship is certified to carry.

5.1 Every ship shall be provided with latrines fitted with piped pressure flushing arrangements to the following scale:

- (a) voyages of a duration of 24 hours or more—four latrines for every 100 passengers or part thereof which the ship is certified to carry;
- (b) voyages of a duration of less than 24 hours—three latrines for every 100 passengers or part thereof which the ship is certified to carry.

5.2 Latrine spaces shall be adequately lighted, ventilated and drained and so arranged as to afford privacy to the user. Exhaust ventilation shall be independent of ventilation to other passenger spaces.

6.1 A sufficient supply of potable water shall be hygienically stored and made available at all times to passengers in addition to water supplied for other purposes.<sup>72</sup> **66**

6.2 There shall be on board a supply of wholesome food, hygienically stored, sufficient for the voyage.<sup>73</sup> **67**

7. On every ship, suitable provision shall be made for the hygienic collection and disposal of both solid and liquid wastes.

8.1 Every ship shall be provided with a room of sufficient size to undertake medical examination and treatment of passengers and the storage of medicaments, medical supplies and equipment referred to in paragraph 9.2.

8.2 In addition to the provisions of paragraph 8.1, every ship shall have a permanent hospital accommodation of sufficient size to provide:

- (a) for voyages in excess of 24 hours' duration one hospital bed for every 200 passengers or part thereof which the ship is certified to carry;
- (b) for voyages in excess of 48 hours' duration one hospital bed for every 100 passengers or part thereof which the ship is certified to carry and in addition an isolation hospital fitted with at least two beds.

8.3 Hospital accommodation shall be properly equipped, adequately lighted and fitted with mechanical ventilation or air conditioning capable of effective separation from other passenger or crew space ventilation.

8.4 Each hospital shall have an adjacent latrine and a bathroom provided with hot and cold potable or wash water,<sup>74</sup> **68** with discharges

independent of any discharges from other crew or passenger accommodation.

9.1 For voyages in excess of 12 hours' duration every ship carrying more than 100 passengers shall carry one properly qualified and registered medical practitioner as well as a nursing attendant. If the ship is carrying more than 1000 passengers, there shall be two such medical practitioners and two nursing attendants.

9.2 The health administration shall ensure that every ship carries sufficient medicaments and medical supplies and equipment for the treatment of passengers,<sup>75</sup> 69 and maintenance of hygienic standards.

9.3 Medical attendance and treatment including medicaments shall be provided free of charge to passengers.

10.1 The master and the medical practitioner shall be responsible for ensuring at all times that the necessary standard of ship's hygiene and cleanliness is maintained.

10.2 During the voyage the medical practitioner or in His absence the master of the ship shall satisfy himself that in particular:

- (a) the ship, including passenger spaces and dining spaces, is kept thoroughly clean and in a hygienic condition and is properly ventilated;
- (b) the food is hygienically stored, prepared and served and that the water supplied to the passengers is of potable quality and sufficient in quantity;
- (c) the latrines, wash places and bathrooms are kept clean, disinfected in perfect working order;
- (d) solid and liquid wastes are hygienically collected and disposed of;
- (e) in the case of occurrence of any disease of infectious nature all appropriate steps have been taken to contain the infection.

10.3 During the voyage the medical practitioner or in his absence the master shall maintain health records and report in accordance with Article 77 of the Regulations.

11. In the case of existing ships<sup>76</sup> 70 the health administration of the country in which the ship is registered may permit relaxations from the requirements contained in paragraphs 3.1(b), 5.1(b), 8.2(a) and 8.2(b) if it is satisfied that full compliance would be impracticable, provided that the ship at least fully complies with the pertinent provisions of the previous Annex V<sup>77</sup> 71 which these standards supersede.

12. The health or other appropriate authority of the port of departure should satisfy itself that the minimum standards of these provisions have been met prior to the departure of the ship.

### **Aircraft**

1. The provisions of the Convention on International Civil Aviation (Chicago, 1944) and of the Annexes thereto, governing the transport of

## INTERNATIONAL HEALTH REGULATIONS 71

passengers by air, the application of which may affect the health of such passengers, shall be equally enforced whether an aircraft is carrying persons taking part in periodic mass congregations or other passengers.

2. A health administration may require aircraft carrying persons taking part in periodic mass congregations to land only at airports in its territory designated by it for the disembarking of such passengers.

## Annex VI

### MODEL OF A CORRECTLY COMPLETED INTERNATIONAL CERTIFICATE OF VACCINATION

*To be valid in international traffic, vaccination certificates must be **printed in English and French**; a third language may be added. The certificate must be fully and correctly **completed in English and French**; completion in another language in addition is not excluded.- Pour être valables dans les voyages internationaux, les certificats de vaccination doivent être **imprimés en français et en anglais**; une troisième langue peut être ajoutée. Le certificat doit être complètement et correctement **rempli en français ou en anglais**, avec addition facultative d'une autre langue.*

Click here to see the  
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST YELLOW FEVER  
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION  
CONTRE LA FIEVRE JAUNE

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 ten years, beginning ten days after of vaccination or in the event of a revaccination within such period of ten years, from the date of that revaccination

This certificate must be signed in his own hand by a medical practitioner or other person authorized by the national health administration: his official stamp is not an accepted substitute for his signature.

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 dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination au cours de cette période de dix ans, le jour de cette revaccination.

Ce certificat doit être signé de sa propre main par un médecin ou une autre personne habilitée par l'administration sanitaire nationale, un cachet officiel ne pouvant être considéré comme tenant lieu de signature.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.



## WHO PUBLICATIONS OF RELATED INTEREST

### **Weekly Epidemiological Record**

An essential weekly instrument for the collation and dissemination of epidemiological data useful in disease surveillance and control. The WER also serves as a medium for reporting experiences in WHO-sponsored programmes on AIDS, diarrhoeal diseases, expanded immunization, and the eradication of poliomyelitis and guinea-worm disease. The subscription includes a copy of *International Travel and Health*.

**1995 subscription rate: Sw.fr. 209.-**  
**Bilingual English/French**

### **International Travel and Health**

Vaccination Requirements and Health Advice  
Situation as on 1 January 1995

An annual publication issuing authoritative advice on the medical and personal precautions needed to protect the health of travellers. Updated each January, the book presents the latest information on general precautions to be taken by all travellers, health risks specific to different geographical areas, vaccinations recommended or advised by WHO, and vaccinations legally required for entry into each country in the world. Advice on malaria prophylaxis and chemotherapy is especially detailed and up-to-date.

**1995 edition: Swab. 15.-**  
**Separate English and French editions**

### **Yellow Fever Vaccinating Centres for International Travel**

Situation as on 1 January 1991

A country-by-country directory of centres where valid international certificates of vaccination against yellow fever can be obtained. Vaccinating centres are officially designated by countries in accordance with the *International Health Regulations*.

**1991 edition: Sw.fr. 14.-**  
**Bilingual English/French**

### **Ports Designated in Application of the International Health Regulations**

Lists all ports approved and designated by health administrations, under the *International Health Regulations*, for the issue of Deratting Certificates and Deratting Exemption Certificates.

**1992 edition: Sw.fr. 10.**  
**Bilingual English/French**

**International Certificate of Vaccination**

A booklet reproducing the model certificate, as prescribed by the *International Health Regulations*, for recording vaccination or revaccination against yellow fever and other vaccinations recommended or advised by WHO. The booklets are sold at cost price, including despatch by surface mail; prices apply only to orders sent directly to WHO.

Orders for 5,000 copies or more can be overprinted with the name of the distributing agency at cost.

Number of copies	Price (Sw.fr.)	
	Bilingual (E/F)	Trilingual (Ar/F)
50	10.—	12.50
100	20.—	25.—
500	95.—	120.—
1 100	180.—	230.—
5000	850.—	1 100.—
50 000	8 000.—	10 500.—

<sup>11</sup> See WHO Official Records, No. 176, 1969, p. 22 (resolution WHA22.46) and p. 37 for the text as it was reproduced in the first annotated edition.

<sup>22</sup> See WHO Official Records, No. 209, 1973, p. 29. (resolution WHA26.55)

<sup>33</sup> See document WHA34/1981/REC/I. p. 10 (resolution WHA34.13); see also WHO Official Records, No. 217, 1974, pp. 21, 71 and 81, and document EB67/1981/REC/1, p. 55.

<sup>44</sup> See WHO Official Records, No. 217, 1974, p. 73. The Regulations of the Committee were amended in 1977, although not in respect of this provision. (WHO Official Records No. 240, 1977, p. 62)

<sup>55</sup> Where appropriate, editorial changes have been made to the interpretations and recommendations which originally referred to the International Sanitary Regulations.

<sup>66</sup> See Annex IV.

<sup>77</sup> If it is not practicable to examine all the houses in an area, examination should be made of a random sample of a size not less than that indicated in the table below:

CONFIDENCE INTERVAL FOR THE *ANDES AEGYPTI* INDEX OF ONE PER CENT,

## IN RELATION TO SIZE OF LOCALITY AND SAMPLE

(95 PER CENT. PROBABILITY LEVEL)

Number of houses		
Locality	Sample	Confidence interval
700	500	0.7 to 1.7%
1000	700	0.7 to 1.5%
1500	1000	0.7 to 1.5%
2000	1000	0.7 to 1.6%
over 2000	1500	0.6 to 1.6%

A minimum of two inspections should be carried out; any additional inspection would increase the validity of the results. (WHO Official Records, No. 95, 1959, p. 474)

<sup>88</sup> The public health facilities would include those listed in Articles 14 and 18 of the International Health Regulations (1969). (WHO Official Records, No. 209, 1973, p. 74)

<sup>99</sup> Small parcels and boxes shall not be considered as containers. (WHO Official Records, No. 177, 1969, p. 554)

<sup>1010</sup> (1) A direct transit area may be established in an airport which is not a sanitary airport. (WHO Official Records, No. 72, 1956, p. 36)

(2) Transfers of passengers between an airport and a direct transit area outside the precincts of the airport will be in conformity with the Regulations if they are made under the direct supervision and control of the health authority. (WHO Official Records, No. 56, 1954, p. 54)

<sup>1111</sup> (1) Countries receiving travellers from infected areas should keep the measures applied to a necessary minimum. (WHO Official Records, No. 217, 1974, p. 55)

(2) A list of infected areas notified by health administrations is published in the Organization's *Weekly Epidemiological Record*.

(3) See notes to Article 3, pp. 10 and 11.

<sup>1212</sup> "Preliminary examination" may include:

(1) the physical examination of any person, but the exercise of that right should depend on the circumstances of each individual case. (WHO Official Records, No. 56, 1954, p. 46)

(2) questioning travellers on their movements prior to disembarkation. (WHO Official Records, No. 87, 1958 p.411)

(3) inspection of the passport, as being probably the best source of information when tracing the movements of a passenger during the course of a voyage which has involved changes in the mode of transportation. (WHO Official Records, No. 56, 1954, p. 57)

<sup>1313</sup> (1) *The notification of an infected area by a health administration must be limited to the territory of that health administration. The initial notification of the extent of the infected area may in certain cases be provisional in nature. When, on epidemiological investigation, redefinition of the infected area is indicated the health administration should inform the Organization as soon as possible of any change in the initial notification.* (WHO Official Records, No. 177, 1969, p. 554)

(2) *In the absence of information on the origin of infection, as required under subparagraph 2 (a), a negative report is in conformity with the Regulations. It is then for the health administration to follow up the notification with such information as may later become available, as soon as possible.* (WHO Official Records, No. 135, 1964, p. 32)

(3) *In an effort to avoid delays, health administrations might consider having certain health authorities*

*e.g., those at towns and cities adjacent to a port or an airport, notify the Organization directly.* (WHO Official Records, No. 135, 1964, p. 36, and No. 143, 1965, p. 45)

(4) *See note to Article I, definition of "infected area", p. 9.*

<sup>1414</sup> (1) *See Article I, definition of "infected area", p. 9.*

(2) *One of the following criteria should be used in determining activity of the virus in vertebrates other than man:*

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

(ii) the isolation of yellow fever virus from any indigenous vertebrates. (WHO Official Records, No. 64, 1955, p. 69)

(3) Measures need not normally be taken against an area which has been notified as infected with wild-rodent plague, unless there is evidence that the wild-rodent plague has infiltrated or is tending to infiltrate into the domestic rodent population, and thus threatens international traffic. (WHO Official Records, No. 56, 1954, p. 47, and No. 64, 1955, p. 38)

<sup>1515</sup> (1) The period stipulated in paragraph 2 should begin when the last case is identified as a case, irrespective of the time at which the person may have been isolated. (WHO Official Records, No. 127, 1963, P. 33)

(2) The time-limits in paragraph 2 (a), equal to twice the incubation period of the disease, are minimum limits and health administrations may extend them before declaring an infected area in their territory free from infection and continue for a longer period their measures of prophylaxis to prevent the recurrence of the disease or its spread to other areas. (WHO Official Records, No. 72, 1956, p. 38, and No. 79, 1957, p. 499)

<sup>1616</sup> (1) The requirements of countries, as notified by health administrations, are published in *International Travel and Health. Vaccination Requirements and Health Advice*, a WHO annual publication. Amendments to this publication appear in the *Weekly Epidemiological Record*.

(2) Measures believed to be in excess of the Regulations shall be published by the Organization, accompanied by the phrase: "It appears that conformity of this measure with the Regulations may be open to question and the Organization is in communication with the health administration concerned." (WHO Official Records, No. 56, 1954, p. 55, and No. 79, 1957, p. 499)

<sup>1717</sup> Notification to health administrations by means of the *Weekly Epidemiological Record* and the automatic telex reply service discharges the Organization's responsibilities for notification under Articles 11 (first sentence), 20, 21, 22, 69 and 85. (WHO Official Records, No. 56, 1954, pp. 55 and 66) (See also Annex IV)

<sup>1818</sup> All health administrations should report, even negative information, on the occurrence of diseases subject to the Regulations and other matters relative to the functioning of the Regulations. (WHO Official Records, No. 217, 1974, p. 58, and No. 240, 1977, p. 45)

<sup>1919</sup> (1) Microbiological sampling of drinking-water and food should be part of an overall sanitation programme. (WHO Official Records, No. 217, 1974, p. 58)

(2) All national health administrations should ensure the quality of food and water provided in airports and aircraft. (WHO Official Records, No. 240, 1977, p. 45)

(3) See the following WHO publications: *Guide to Ship Sanitation* (1967) *Vector Control in International Health* (1972); *Guide to Hygiene and Sanitation in Aviation*, 2nd ed., (1977); *Guidelines for drinking-water quality*, Second edition. Volume 1. Recommendations (1993), Volume 2. Health criteria and other supporting information (in press), Volume 3. Surveillance and control of community supplies (in preparation)

<sup>2020</sup> Health administrations are urged to make from time to time a review of the ports designated under the Regulations in order to determine whether such designations meet the conditions of traffic. (WHO Official Records, No. 127, 1963, p. 35)

<sup>2121</sup> There are no provisions of the Regulations which exempt travellers with diplomatic status from the application of the Regulations. Health measures—e.g., examination of vaccination certificates—carried out in accordance with the Regulations have as their object the protection of health and are to be dissociated from other measures of an administrative or police nature regulating entry into and sojourn in a country and from which persons with diplomatic status may be exempt. As a consequence, the Regulations are applicable to travellers with diplomatic status and, depending on the circumstances, such travellers may be placed under medical surveillance or isolation if, for example, they do not possess the necessary certificates of vaccination. (WHO Official Records, No. 143, 1965, p. 49)

<sup>2222</sup> See note to Article 46. p. 25.

<sup>2323</sup> enforcement of surveillance must rely on national legislation. (WHO Official Records, No. 56, 1954, p. 56, and No. 143, 1965, p. 49)

<sup>2423</sup> enforcement of surveillance must rely on national legislation. (WHO Official Records, No. 56, 1954, p. 56, and No. 143, 1965, p. 49)

<sup>2524</sup> (1) Health administrations are urged to take all practical measures to inform the travelling public and travel agencies of the vaccination requirements of all countries to which a traveller is proceeding. They should advise travellers that these requirements are related not only to the health conditions prevailing in the country

of departure but also to conditions in countries in which the traveller disembarks or transits during his journey, except in so far as he follows the provisions of Article 34. (WHO Official Records, No. 127, 1963, p. 45, and No. 143, 1965, p. 49)

(2) "Operators shall take precautions to the end that passengers hold any control documents required by Contracting States." (Standard 3.36, eighth edition of the ICAO Annex 9 to the Convention on International Civil Aviation; WHO Official Records, No. 143, 1965, p. 49)

(3) "Public authorities should invite shipowners to take all reasonable precautions to the end that passengers hold any control documents required by Contracting Governments." (Recommended Practice 3.15.1, Convention on Facilitation of International Maritime Traffic, Inter-Governmental Maritime Consultative Organization, 1965)

(4) Health administrations should take the steps necessary for embassies abroad to be informed of their country's health requirements, so that potential travellers could obtain up-to-date information. Airlines and travel agents should continue to improve their efforts to inform their customers of the health requirements of countries to be visited. (WHO Official Records, No. 217, 1974, pp. 55 and 63, and No. 240, 1977, p. 60)

(5) See Article 83, p. 36

<sup>2625</sup> See notes to Article I, definition of "medical examination", p. 9.

<sup>2725</sup> See notes to Article I, definition of "medical examination", p. 9.

<sup>2826</sup> (1) Officers in command of aircraft and ships should make known as long as possible before arrival to airport and port authorities any case of illness on board, in the interests of the patient and the health authority and to facilitate the clearance of the aircraft or ship. (WHO Official Records, No. 209, 1973, p. 78)

(2) As radio pratique has been extensively used without endangering public health, serious consideration should be given to expanding that practice. (WHO Official Records, No. 217, 1974, p. 64)

<sup>2926</sup> (1) Officers in command of aircraft and ships should make known as long as possible before arrival to airport and port authorities any case of illness on board, in the interests of the patient and the health authority and to facilitate the clearance of the aircraft or ship. (WHO Official Records, No. 209, 1973, p. 78)

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<sup>3027</sup> See notes to Article I, definition of "medical examination", p. 9.

<sup>3128</sup> Compulsory removal of infected persons should not be insisted upon in ports where adequate facilities for the reception of such persons cannot be expected to be available. (WHO Official Records, No. 64, 1955, p. 34)

<sup>3229</sup> The duty of the health authority at the port of export is to take all practicable measures under the terms of paragraph I (b) of Article 30 to prevent the introduction on board a ship, an aircraft, a train, a road vehicle or other means of transport of possible agents of infection or vectors of a disease subject to the Regulations. Whenever disinfection has been carried out by the health authority, it is required to furnish a certificate to that effect, if requested to do so, in accordance with the terms of paragraph 2 (b) of Article 26. If no measures have been carried out, the implication is that the health authority did not consider them necessary, but it is not required under Article 26 to furnish a certificate to that effect. (WHO Official Records, No. 56, 1954, p. 47)

<sup>3330</sup> (1) Deratting Certificates and Deratting Exemption Certificates are valid for a maximum Of six months but, under certain conditions, the validity Of such certificates may be extended only once by a period Of one month. (WHO Official Records, No. 79, 1957, p. 502, No. 87, 1958, p. 404, and No. 95, 1959, p. 482)

(2) If inspection Of a ship, carried out at the end Of the period of validity Of its Deratting Exemption Certificate, proves that the ship is still entitled to a Deratting Exemption Certificate, a new certificate should be issued. Periodic deratting Of ships is not necessary if inspection proves that the ship is entitled to a Deratting Exemption Certificate. (WHO Official Records, No. 87, 1958, p. 405)

(3) There is no provision in the Regulations for endorsement by a port health authority Of a valid Deratting Certificate or Deratting Exemption Certificate to the effect that inspection Of the ship has confirmed the accuracy Of the information on the certificate. (WHO Official Records, No. 79, 1957, p. 502)

<sup>3431</sup> (1) Vaccination, while it provides limited individual protection to the traveller, is irrelevant to the problem of protecting a community from importation of the vibrio. (WHO Official Records, No. 209, 1973, p. 91, and No. 240, 1977, p. 53)

(2) Restrictive measures would not prevent the international spread of the disease. (WHO Official Records, No. 217, 1974, p. 60)

<sup>3532</sup> The previous text of this article referred expressly to the following foodstuffs: fish, shellfish, fruit, vegetables or beverages.

<sup>3633</sup> (1) The recommendations concerning the disinsecting of aircraft contained in Annex VI to the Second Annotated Edition of the Regulations are under review in the light of technical developments. Current information may be obtained from the Division of Control of Tropical Diseases, World Health Organization.

<sup>3734</sup> The two conditions indicated in paragraph 2 must be fulfilled before a health authority may consider an aircraft as suspected. (WHO Official Records, No. 118, 1962, p. 49)

<sup>3835</sup> (1) A certificate not printed in the proper form or not completed in the English or French language is not a valid certificate under the Regulations. (WHO Official Records, No. 102, 1960, p. 48, and No. 118, 1962, p. 54)

(2) The date on certificates of vaccination should be recorded in the following sequence: day, month, year—the month to be written in letters and not in figures (example: 5 January 1982). (WHO Official Records, No. 56, 1954, p. 54, and No. 118, 1962, p. 54)

(3) Health administrations should take all reasonable steps to ensure that the certificates issued in their territories are in conformity with the Regulations and the interpretations thereon of the Health Assembly, and particularly that certificates are fully completed and all entries on them are legible. (WHO Official Records, No. 102, 1960, p. 50, and No. 118, 1962, p. 54)

See also the notes to Appendix 2 (p. 45).

**For model Or a correctly completed certificate, see Annex VI, pp. 64-65.**

<sup>3936</sup> No health certificate may be required from persons on an international voyage. In the case of travellers who, though not immigrants, are nevertheless intending to reside in a country for a protracted period (such as students), the provision of a health certificate should preferably be a condition of the granting of the visa rather than be required as a travel document on arrival. (WHO Official Records, No. 72, 1956, p. 37)

<sup>4037</sup> (1) It is not permissible to exact or receive payment for medical examination carried out at any time of the day or night. The terms of Article 24 require that health measures shall be initiated forthwith and completed without delay. Arrangements should be made to enable quarantine services to do this at all times, particularly in airports and the larger ports. (WHO Official Records, No. 56, 1954, p. 56, and No. 72, 1956, p. 37)

(2) An aircraft operator, as the employer of the disembarking crew, might be held responsible for isolation expenses of its own employees (crew). However, isolation expenses for other international travellers cannot be the subject of a charge against the carrier; these expenses are for the traveller himself or for the country of disembarkation to pay. (WHO Official Records, No. 135, 1964, p. 39, and No. 143, 1965, p. 57)

(3) Fines such as those imposed on a ship for not hoisting on arrival a flag requesting free pratique, and any other charges not covered by the Regulations, such as port dues, are matters of maritime practice and the Regulations are not applicable. (WHO Official Records, No. 72, 1956, p. 37)

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<sup>4238</sup> (1) Health administrations of countries which are approaching or have already reached the phases of consolidation or maintenance of a malaria eradication programme may need to take measures to prevent the importation of malaria. (WHO Official Records, No. 87, 1958, p. 413)

(2) (i) Persons originating in malarious areas and proceeding to areas from which malaria has been eradicated and where conditions for transmission persist (recipient areas) who would probably live in towns and therefore present little danger for transmission, should be advised to take sporontocidal treatment if they plan to spend nights in the countryside. A suitable information or warning card should be given to these individuals on entry.

(ii) The medical officers responsible for crews of ships and aircraft should be adequately trained in the diagnosis and treatment of malaria and in measures of personal prophylaxis. Operators and shipowners should ensure that all members of crews of ships and aircraft touching ports and airports in malarious areas are subjected

to supervised suppressant treatment during a suitable period of time. (WHO Official Records, No. 135, 1964, p. 34)

(3) Persons on an international voyage (other than those mentioned in Article 84) should not be subjected to any special measures in respect of malaria. Special attention should be given to individuals or groups of travellers specified under Article 84. (WHO Official Records, No. 87, 1958, p. 413, and No. 135, 1964, p. 34)

(4) Efforts to disseminate information on malaria risk to travellers, through physicians, travel agents, airlines, shipping companies and other appropriate means, should be intensified. (WHO Official Records, No. 217, 1974, p. 63)

(5) The Weekly Epidemiological Record publishes every year information on the malaria situation in the world, particularly referring to malaria-free countries/areas, incidence of the disease in malarious countries/areas, malaria imported into malaria-free countries/areas, occurrence of drug resistant malaria, and including a map showing the malaria distribution in the world.

(6) The recommendations concerning the disinsecting of aircraft, contained in Annex VI to the Second Annotated Edition of the Regulations, are under review in the light of technical developments. Current information may be obtained from the Division of Control of Tropical Diseases, World Health Organization. For special measures applicable to certain categories of travellers, see Article 84.

<sup>4338</sup> (1) Health administrations of countries which are approaching or have already reached the phases of consolidation or maintenance of a malaria eradication programme may need to take measures to prevent the importation of malaria. (WHO Official Records, No. 87, 1958, p. 413)

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(6) The recommendations concerning the disinsecting of aircraft, contained in Annex VI to the Second Annotated Edition of the Regulations, are under review in the light of technical developments. Current information may be obtained from the Division of Control of Tropical Diseases, World Health Organization. For special measures applicable to certain categories of travellers, see Article 84.

<sup>4439</sup> (1) (i) To prevent the introduction of malaria into recipient areas, special measures should be applied to individuals or groups of persons specified under Article 84 arriving from areas where malaria transmission occurs.

(ii) Appropriate steps should be taken against mosquitos in frontier zones in the centres where the above-mentioned groups assemble.

(iii) In international frontier zones, common control measures should be adopted by the countries concerned to avoid the carrying of malaria from one country to another.

(iv) Full exchange of information on the movement of population groups and on the susceptibility and resistance of anopheline vectors to insecticides should be instituted. (WHO Official Records, No. 135, 1964, p. 33)

(2) For WHO recommended standards of hygiene on ships and aircraft carrying persons taking part in periodic mass congregations, see Annex V, page 61.

<sup>45\*</sup> See Article 25 and the WHO publication *Vector Control in International Health* (1972)

<sup>4640</sup>

(1) It rests with each country to decide whether a certificate of vaccination against yellow fever shall be required for infants under one year of age, after weighing the risk of importation of yellow fever by unvaccinated infants against the risk to the infant arising from the vaccination. In case of a decision to vaccinate, the dose of vaccine should be the same for infants as for adults and should not, under any circumstances, be reduced. (WHO Official Records, No. 64,

**1955, p. 36)**

(2) In the case of a revaccination being recorded on a new certificate, travellers are advised to retain the old certificate for ten days, until the new certificate is valid by itself. (WHO Official Records, No. 87, 1958, p. 414)

(3) Medical services on board merchant ships (even where the ships' surgeons are officials of the public health service) should not be designated as approved centres for the issue of international certificates of vaccination against yellow fever; they would not comply with the requirements set out in Appendix 2 since they would not be situated at all times in the territory of the State designating them. (WHO Official Records, No. 72, 1956, p. 37, and No. 79, 1957, p. 512)

**See also notes to Article 79, p. 34.**

<sup>47</sup><sub>41</sub> If more than four weeks have elapsed since the voyage began, it will surhce to give particulars for the last four weeks.

<sup>48</sup><sub>42</sub> If more than four weeks have elapsed since the voyage began, it will surhce to give particulars for the last four weeks.

<sup>49</sup><sub>43</sub> If more than four weeks have elapsed since the voyage began, it will surhce to give particulars for the last four weeks.

<sup>50</sup><sub>44</sub> If more than four weeks have elapsed since the voyage began, it will surhce to give particulars for the last four weeks.

<sup>51</sup>\* **State whether recovered, still ill, died.**

<sup>52</sup>\*\* **State whether still on board, landed at (give name of port), buried at sea.**

<sup>53</sup><sub>47</sub> **Only the reservations to the unamended International Health Regulations (1969) are included in this annex.**

<sup>54</sup><sub>48</sub> Although the mode of transmission is not specified in the Regulations, airmail transmission should be used by countries outside Europe.

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<sup>67</sup><sub>61</sub> Although the mode of transmission is not specified in the Regulations, airmail transmission should be used by countries outside Europe.

<sup>68</sup><sub>62</sub> Although the mode of transmission is not specified in the Regulations, airmail transmission should be used by countries outside Europe.

<sup>69</sup><sub>63</sub> **Adopted by the twenty-seventh World Health Assembly in resolution WHA27.45 (WHO Official Records, No. 217, 1974, pp. 21, 68, and 71). See Article 84, pare. 3, p. 38.**

<sup>70</sup><sub>64</sub> An existing ship is one for which the keel was laid or which is in service prior to the date of publication of these standards (26 July 1974; see *Weekly Epidemiological Record*, 49: 256-258 (1974)).

<sup>71</sup><sub>65</sub> 3 For all aspects of food and water supply, see World Health Organization (1967) *Gulde to Ship Sanitation*, Geneva.

<sup>7266</sup> For all aspects of food and water supply, see World Health Organization (1967) *Guide to Ship Sanitation*, Geneva.

<sup>7367</sup> For all aspects of food and water supply, see World Health Organization (1967) *Guide to Ship Sanitation*, Geneva.

<sup>7468</sup> For all aspects of food and water supply, see World Health Organization (1967) *Guide to Ship Sanitation*, Geneva.

<sup>7569</sup> The WHO publication *International Medical Guide for Ships*, 2nd ed. (Geneva, 1988) may serve as a basis for minimum requirements.

<sup>7670</sup> An existing ship is one for which the keel was laid or which is in service prior to the date of publication of these standards (26 July 1974; see *Weekly Epidemiological Record* 49: 256-258 (1974)).

<sup>7771</sup> Second Annotated Edition of the International Health Regulations (1969).