

WORLD HEALTH
ORGANIZATION

ORGANISATION MONDIALE
DE LA SANTÉ

EXPERT CONSULTATIVE GROUP ON THE
INTERNATIONAL SANITARY REGULATIONS

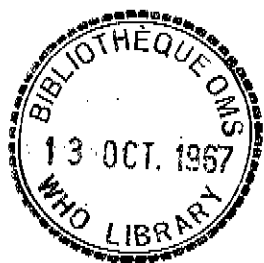
ORIGINAL: ENGLISH

INDEXED

RESTRICTED

Geneva, 2-6 October 1967

REPORT TO THE DIRECTOR-GENERAL



IQ/67.4

The issue of this document does not constitute formal publication. It should not be reviewed, abstracted or quoted without the agreement of the World Health Organization. Authors alone are responsible for views expressed in signed articles.

Ce document ne constitue pas une publication. Il ne doit faire l'objet d'aucun compte rendu ou résumé ni d'aucune citation sans l'autorisation de l'Organisation Mondiale de la Santé. Les opinions exprimées dans les articles signés n'engagent que leurs auteurs.

CONTENTS

	<u>Page</u>
1. Aims and objectives	4
2. Ports, airports and other means of communication	4
(a) Existing quarantine services	4
(b) Direct transit areas	5
(c) Other means of communication	6
3. Special arrangements between neighbouring countries	6
4. Notifications	6
5. Infected local area	7
6. Responsibilities of WHO	7
7. Plague	7
8. Cholera	8
9. Yellow Fever	10
10. Smallpox	11
11. Typhus and Relapsing Fever	12
12. Other diseases under surveillance for which recommendations are to be proposed for adoption by the World Health Assembly:	12
(a) Malaria	13
(b) Rabies, psittacosis, trachoma and haemorrhagic fever	13
(c) Influenza and poliomyelitis	13
(d) Typhus and relapsing fever	13
(e) Measles	13
13. Other business:	
Transportation of monkeys	14

Members

- Dr P. C. A. Antunes, Rua Itapolis 990, Sao Paulo 4, S.P. Brazil (Chairman)
- Dr L. Chambon, Institut Pasteur d'Outre-Mer, 25 rue du Dr Roux, Paris XVème, France
- Dr G. Edsall, Superintendent, State Laboratory Institute, Boston 30, Massachusetts, United States of America
- Dr G. Motamedi, Chancellor, University of Isfahan, Isfahan, Iran (Rapporteur)
- Dr C. G. Pandit, Honorary Consultant, Institute of Post-Graduate Medical Education and Research, Chandigarh, India (Vice-Chairman)
- Professor V. M. Zdanov, Director, Ivanovsky Institute of Virology, 24 Pervyi Schchukinskii Proezd, Moscow D-98, USSR

Secretary

- Dr P. M. Kaul, Assistant Director-General, World Health Organization, 1211 Geneva 27, Switzerland

Secretariat

- Dr M. Abdussalam, Veterinary Public Health, World Health Organization, 1211 Geneva 27, Switzerland
- Mr C. H. Atkins, Director, Division of Environmental Health, World Health Organization, 1211 Geneva 27, Switzerland
- Dr G. Gramiccia, Chief Medical Officer, Epidemiological Assessment, Division of Malaria Eradication, World Health Organization, 1211 Geneva 27, Switzerland
- Dr T. Kereselidze, Bacterial Diseases, World Health Organization, 1211 Geneva 27, Switzerland
- Dr A. S. Otschoorn, Chief Medical Officer, Biological Standardization, World Health Organization, 1211 Geneva 27, Switzerland
- Dr K. Raska, Director, Division of Communicable Diseases, World Health Organization, 1211 Geneva 27, Switzerland
- Dr A. C. Saenz, Virus Diseases, World Health Organization, 1211 Geneva 27, Switzerland
- Mr C. H. Vignes, Legal Office, World Health Organization, 1211 Geneva 27, Switzerland
- Mr J. W. Wright, Chief, Vector Biology and Control, World Health Organization, 1211 Geneva 27, Switzerland

An Expert Consultative Group on the International Sanitary Regulations met in Geneva from 2-6 October 1967. Dr P. M. Kaul, Assistant Director-General, opened the meeting on behalf of the Director-General. Dr P. C. A. Antunes was elected Chairman, Dr C. G. Pandit, Vice-Chairman and Dr G. Motamedi, Rapporteur.

The Group took note of the reasons which had led to the review of the International Sanitary Regulations, and considered the report of the Director-General on this subject (document WHO/IQ/67.145) and the working papers and other documents listed in Annex I.

The Group concurs with the conclusions of the Director-General that International Sanitary Regulations are still required for a certain number of diseases, and for the prevention of the spread internationally of these diseases.

1. Aims and objectives

The Group reviewed the aims and objectives as contained in the report of the Director-General, and agrees with the approach set out therein.

The Group recommends that the International Sanitary Regulations would now be better described under the title of "International Health Regulations".

The Group suggests that the word "quarantine" should now be dropped completely from the Regulations.

With regard to the communicable diseases of international importance, the Group believes that these should now be divided into two categories: Category 1 should be the diseases which require international action under the Regulations. These are the former quarantinable diseases, and the Group proposes that under this category the following three diseases should be listed: cholera, yellow fever and smallpox. Category 2 should be diseases to be placed under international surveillance, for which recommendations are to be adopted by the World Health Assembly.

2. Ports, airports and other means of communication

(a) Existing quarantine services

The Group reviewed the staffing pattern and the medical organization at international ports and airports, and believes that they are far from adequate, particularly because of the increase in traffic. The need was stressed for

medical and ancillary staff, properly trained, to be regularly assigned to all international ports and airports, to implement the provisions of the Regulations, and to ensure proper sanitary facilities, effective maintenance of vector and rodent control, proper handling of water, food and beverages, and supervision of medical and sanitary facilities, so that sanitation standards are maintained and ports and airports are kept free of vectors and rodents.

The Group noted that the Organization had already published International Standards for Drinking Water and a Guide to Hygiene and Sanitation in Aviation, and a similar Guide to Ship Sanitation would soon be available. The Group considers that it is essential that all ports and airports through which international traffic passes must now conform to the standards laid down in these guides.

The Group is unanimous in supporting the need for regular supervision and periodic checking of the international ports and airports, and wishes to recommend strongly that the Organization should be called upon to provide its services for certifying that the international ports and airports fulfil the requirements laid down.

The Group noted that under the present Regulations only certain international airports were designated as sanitary airports. This provides protection to air travellers only. Similar provision is necessary for the seaports, and the Group recommends that such provision should be included in future Regulations.

(b) Direct transit areas

The Group noted the present situation with regard to the provision of direct transit areas, and considered it unsatisfactory. It believes that all airports with direct transit areas should be provided with medical supervision and protection and should fulfil the conditions and be designated as sanitary airports. The Group recommends that health administrations should be advised to provide direct transit areas and suitable health facilities at all international airports where there is substantial air traffic.

(c) Other means of communication

The Group was very concerned to note that movements of population across borders and through coastal traffic was largely uncontrolled. Experience had already brought out the fact that a considerable amount of the spread of disease has taken place through these means of communication. Examples of cholera, smallpox, yellow fever and malaria having been so spread were cited. The Group was convinced that the time had now arrived when these means of communication must be supervised and wherever substantial movements of population take place, adequate health and sanitary stations, with medical staff, should be established. It believes that provision for this purpose should now be made in the Regulations.

3. Special arrangements between neighbouring countries

Article 104 of the present Regulations makes provision for special arrangements to be concluded between two or more States, and the report of the Director-General mentions some arrangements of this nature which are already in existence. The Group recommends that WHO should encourage the development of such arrangements between neighbouring States and should give them such assistance as may be necessary to develop exchange of information and surveillance activities, including any control measures that may be agreed between the parties concerned.

4. Notifications

The Group noted the experience described in the report of the Director-General with regard to the breakdown of the system of notification in emergencies, when outbreaks of disease occurred in new areas. The Group agrees that this is a serious inadequacy and believes that the Organization's services should be utilized to investigate outbreaks which are of international importance and which might constitute threats to neighbouring or other countries; that the Regulations should give authorization for the Organization to use its initiative in this direction.

The Group believes that the Organization should continue to improve the system of notifications and concurs with the suggestions made by the Director-General that the Organization should publish periodically epidemiological reviews based on the information made available to it by health administrations, as well as that obtained

from scientific sources, research programmes, reference centres, and similar technical sources of information. This information should be disseminated periodically by the Organization. The Group recommends that the surveillance programme of the Organization be extended in such a way as to assist the governments in better recognizing the trends of the disease and the extent of persistent or endemic infection.

5. Infected local area

The Group studied the recommendations of the Director-General and agrees that the concept of the infected local area as used in the Regulations is no longer realistic and should be given up.

6. Responsibilities of WHO

The Group agrees with the views expressed in the report of the Director-General with regard to the responsibilities of the World Health Organization. It particularly emphasizes the need for the Organization to take an active role in investigating any serious outbreaks of disease which might constitute a threat to international health, and for the Organization to be authorized to investigate by suitable means, in order to assist governments to organize control measures. The Group was informed that the Organization has already facilities to establish emergency teams to give assistance in such situations, and believed that this is a very useful activity. The Group reviewed the revised Article 11 as proposed by the Director-General and agrees with the need for these responsibilities to be assigned to WHO, and for WHO to be authorized to take such action.

7. Plague

The Group considered the importance of wild rodent foci and the endemic areas of plague in the world in relation to the hazards that they represented for international traffic. It noted the fact that the rodent population of the world was on the increase and that there was an increase of population movements between and within countries. It also noted that under normal conditions in the past 10 years no major new areas not previously infected with wild rodent plague had been found, and that no human plague had been carried through international travel.

The Group came to the conclusion that:

- (1) human plague is no longer spread internationally through sea and air travel;
- (2) rodents and vectors still constitute a threat of transmission of disease through international traffic;
- (3) the effective control of the vector through insecticides can only be maintained if steps are taken to have available an insecticide which will deal with any resistant vectors;
- (4) the need for rat-proofing of sea-going vessels, aircraft, ports and airports, should be emphasized and requirements to this effect strengthened in the Regulations.

The Group therefore concludes that the international regulations for the control of human plague are no longer necessary and recommends that the provisions relating to human plague as a disease subject to international regulation should be deleted. However, the measures in regard to the control of vectors and rodents should continue to be enforced under the Regulations.

Plague should remain under surveillance and should therefore be included amongst the other diseases in Category 2 for which recommendations have been proposed for adoption by the World Health Assembly.

8. Cholera

The Group considered the sections of the report of the Director-General dealing with all aspects of cholera, with special reference to the evidence available to date on the probable mechanisms for the spread of cholera from one country to another. The available evidence indicates that the international spread of the disease has occurred through the movement of the population by road and by routes of communication which are not well-recognized but not significantly through regular air or sea traffic.

The Group considered the mechanism of the spread of the disease, and agreed with the evidence so far available that it was primarily through the carriers of the disease. However, in discussing the various aspects of the carrier state the Group pointed out that:

- (a) the carrier state is comparatively of much shorter duration than that for other diseases;
- (b) the vibrios are excreted intermittently by the carriers.

The Group pointed out that though the duration of the carrier state is generally regarded to be about 15 days, there are wide variations in this period and it is likely to be shorter in the majority of cases. In view of this, some countries are proposing to examine stools for the detection of the carrier state. The Group wished to emphasize the difficulty and uncertainty of detecting the carrier state. In the light of the factors mentioned above, a single examination of stools if negative is not likely to be of any precise significance. Thus, a programme for the mass examination of stools could be so formidable for the authorities as to be almost impracticable, particularly in view of the existing and expected increase in international traffic.

The Group is of the opinion that apart from major improvements in environmental sanitation, the only measure which can be adopted for the control of the introduction of the disease from one country to another is an effective vaccination procedure. The Group recognized that the evidence currently available on the efficacy of cholera vaccine indicates that the protection is of short duration usually not more than six months. Furthermore, the protection afforded is of the order of 50 per cent. or thereabouts. Even so, the Group is of the opinion that this measure of even limited value will nevertheless reduce to some extent the chances of the introduction of the disease from endemic to non-endemic areas.

The Group is of the opinion that further intensive epidemiological studies are essential in order to determine the role of various factors which contribute to the spread of cholera internationally, such as the carriers, the influence of vaccination on the carrier state, and other matters; and that the Organization should foster such studies wherever possible. In particular the Group wishes to call attention to the pressing need for gathering more precise information on the movement of nomadic and other populations across borders and through coastal traffic and such uncontrolled channels of communication.

The Group therefore considers that the cholera provisions of the Regulations should be viewed in the light of the considerations mentioned here.

The Group decided to recommend the inclusion of cholera in the list of diseases subject to international regulations.

Two members of the Group considered that the mechanism of the spread of the disease was unknown; that the carrier state is not well understood; that the laboratory means of detection of carriers are not adequate; that there is no evidence of international spread through regular sea or air traffic; that there is no sufficiently effective vaccine available at this time; that at present the prevailing biotype of cholera is not as lethal as cholera used to be; that the present pattern of epidemics differs from that in the past; they felt that the international control of cholera is no longer necessary, that the provisions relating to cholera as a so-called quarantinable disease in the International Sanitary Regulations should be removed and that the surveillance mechanism, already highly developed by WHO for other diseases, should serve as a satisfactory substitute.

9. Yellow Fever

The Group agrees that yellow fever is a disease which requires international control. It considers that yellow fever vaccination as an effective tool should be enforced for all international travellers leaving an infected area. It agrees that the yellow fever vaccine should continue to be approved by WHO in accordance with the requirements established by WHO, and procedures should be established for periodic checking of the maintenance of this requirement.

The Group agrees with the recommendations proposed by the Director-General in his report, and that the concept of the "yellow fever endemic area" and the "receptive area" should no longer be used.

The Group proposes that in Article 70, the words "in man" be introduced in the second line, after the word "found". This addition will complete the information required in regard to notification of yellow fever infection.

The Group considers that the establishment of a surveillance system able to detect cases of yellow fever as early as possible in areas where the disease may be present would be of great assistance in determining the presence and activity of yellow fever virus in these areas. WHO should give whatever assistance is needed to countries wishing to develop such a scheme.

The Group was informed of WHO's programme on the ecology, biology and control of Aedes aegypti. This had produced useful information on the distribution of the species and the factors related to its increasing density in many cities of Asia and Africa.

Control procedures have been developed which can be used to control the mosquitos in cities and around airports and seaports; experiments are currently being performed on the development of techniques that could be used in an emergency for the control of outbreaks of yellow fever and haemorrhagic fever. These investigations have also revealed that for the most part international airports and seaports are not being kept free from A. aegypti and that an improvement in this direction appeared to be vital if the transportation of the mosquitos from one part of the world to another was to be prevented.

The Group considers that this problem should be given serious consideration by WHO.

Research had also been completed on effective and safe procedures for disinsection of aircraft, and it is now most important that governments insist that airlines entering their territories use these procedures in conformity with the recommendations made by WHO.

10. Smallpox

The Group examined the present epidemiological situation, with particular reference to the recent importation into areas free of the disease. The Group agrees that effective vaccination is the only means of controlling and preventing the spread of the disease internationally. It recommends that the requirements as laid down by WHO for smallpox vaccine should be observed by health administrations.

It agrees that the provisions of the Regulations as proposed in the report of the Director-General are adequate. In regard to the proposed additions to the smallpox vaccination certificate, there is agreement that the manufacturer and the batch number should be given in the column "Origin and Batch No. of vaccine". The Group is not in favour of indicating the type of vaccine, such as freeze-dried or liquid, used for vaccination.

11. Typiuis and relapsing fever

The Group noted that the incidence of these diseases had fallen considerably even in the few remaining foci of infection. The Group noted that these diseases had not been carried in international traffic. It therefore agrees that these diseases do not constitute any threat of spread through international means, and that they should therefore be removed from the list of diseases subject to international regulation as proposed by the Director-General.

12. Other diseases under surveillance for which recommendations are to be proposed for adoption by the World Health Assembly

In recommending the establishment of Category 2, those diseases which will be under surveillance, the Group calls attention to the extensive experience already accumulated by WHO in the organization of world-wide information systems for monitoring the status of several diseases of international importance. This is accomplished not only through regular reporting, by health administrations, of the occurrence of the disease in question - with particular attention to outbreaks - but also by means of special studies in areas of epidemiological interest, by examination of specimens stored in serum banks and by the constant flow of current information received through numerous and highly effective channels.

The Group feels that this existing mechanism, fortified or extended, as needs might indicate, could well serve as a basis for the planning and guidance of control measures for international health protection with reference to a number of diseases which constitute a threat to international health, but for which the institution of regulations would be scientifically or administratively inappropriate.

The Group expresses the view that Category 2, in this framework, could include not only several diseases such as those discussed below, but that under appropriate circumstances other diseases might be added, either from amongst those not now singled out for special attention, or conceivably from amongst those now placed in Category 1.

(a) Malaria

The Group first considered malaria as an example of such a disease, and reviewed the recommended measures that are already being taken or that have been proposed, and commends these to the Director-General as a useful model of the type of programme which should be developed not only for this disease but for others which follow.

(b) Rabies, psittacosis, trachoma and haemorrhagic fever

The Group reviewed the international importance of these diseases and agrees that it is not necessary for them to be included in Category 2 - the category of diseases to be put under surveillance.

The Group noted that the Organization would continue to study these diseases and would keep them in the normal WHO surveillance programme. In respect of haemorrhagic fever, the Group believes that the essential protective measures for the prevention of dissemination of this disease are already provided for in the Regulations, in the effective control of ports and airports, and in the disinsection of aircraft.

(c) Influenza and poliomyelitis

The recommendations made by the Director-General on influenza and poliomyelitis are unanimously approved by the Group.

Further, the Group believes in respect of some of the diseases in this category, like influenza, details of the localities where incidence of the disease has been reported may not be available, and therefore the monthly report to be called for from the health administrations might include the words "if possible".

(d) Typhus and relapsing fever

The Group believes that typhus and relapsing fever in the category of diseases under surveillance should be the louse-borne type only.

(e) Measles

The Group feels that measles should also be included in this category of diseases to be kept under surveillance. This is suggested because it is a disease of world-wide occurrence with a fairly high fatality rate in certain countries and also causes sequelae of measles encephalitis, and an effective vaccine is already available.

13. Other business

Transportation of monkeys

The Group called attention to the recent outbreak of disease with haemorrhagic manifestations, which occurred in laboratory workers handling tissues of monkeys, or having contact with their blood, in two laboratories in the Federal Republic of Germany in August 1967. The monkeys in this outbreak originated in tropical Africa. The Group feels that the international transport of monkeys has certain dangers for human infection. It is considered, therefore, that this subject should be studied by the relevant expert bodies of the Organization in order to obtain suitable advice, both as to the risks involved and what minimum requirements might be desirable for handling such transportation.

Working Papers

- IQ/WP/67.1 Zoonoses in Reference to the International Sanitary Regulations
- IQ/WP/67.2 Environmental Health Aspects of the International Sanitary Regulations
- IQ/WP/67.3 Considerations on Future Trends in the International Spread of Communicable Diseases and their Control
- IQ/WP/67.4 & Corr.1 The Spread of Bacterial Diseases
- IQ/WP/67.4.Add.1 Survival of Cholera Vibrios in Food and on Fomites
- IQ/WP/67.5 Procedure for the approval of Yellow Fever Vaccine and notes on other Vaccines
- IQ/WP/67.6 The International Sanitary Regulations and Vector-borne Diseases
- IQ/WP/67.7 Study of International Quarantine Activities and Review of the International Sanitary Regulations (Legal Aspects)
- IQ/WP/67.8 The Potential Role of Epidemiological Surveillance in the Prevention of International Spread of Quarantinable and other Communicable Diseases
- IQ/WP/67.9 Malaria and the International Sanitary Regulations
- IQ/WP/67.10 Proposed changes in the International Sanitary Regulations concerning Yellow Fever
- IQ/WP/67.11 Quarantine/Surveillance Activities in deterring the International Dissemination of Smallpox
- IQ/WP/67.12 Comments from Members of the Expert Advisory Panel on International Quarantine
- IQ/WP/67.13 Revised International Sanitary Regulations as proposed by the Director-General
- IQ/WP/67.14 Comments, suggestions and revisions received from Member States in reply to the Director-General's letter No. C.L.16 of 15 May 1967

Annex I

Other documentation

International Sanitary Regulations

International Standards for Drinking Water

Guide to Hygiene and Sanitation in Aviation

Epidemiological and Vital Statistics Report, Vol. 20, No. 5, 1967

Official Records of the World Health Organization

WHO Technical Reports Series